

1. PLACE OF BIRTH

County of Charleston

Township of \_\_\_\_\_

or \_\_\_\_\_

Inc. Town of \_\_\_\_\_

or \_\_\_\_\_

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9a

FILE No.—For State Registrar Only

17831-aRegistered No. 800a

(For use of Local Registrar)

(No. Riverside Inf. St.; \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD

Harold A. Langston

{ If child is not yet named, make supplemental report as directed.

3. Sex or Girl

Boy

4. Twin, triplet, or other \_\_\_\_\_

5. Premature \_\_\_\_\_

7. Legiti-mate8. Date of birth June 30, 1922

10. Plural births \_\_\_\_\_

5. Number, in order of birth \_\_\_\_\_

Full term \_\_\_\_\_

match \_\_\_\_\_

(Month, day, year)

Full name

FATHER

Goddy Langston

18. Full maiden name

MOTHER

Missina Wheeler

10. Residence (usual place of abode)

42 Rutledge

19. Residence (usual place of abode)

42 Rutledge

(If non-resident, give place and State)

(If non-resident, give place and State)

1. Color or race White12. Age at last birthday 30 (Years)20. Color or race White21. Age at last birthday 28 (Years)

(Years)

1. Birthplace (city or place)

Charleston, S.C.

22. Birthplace (city or place)

Charleston, S.C.

(State or country)

(State or country)

14. Trade, profession, or particular

Booker

23. Trade, profession, or particular kind

Housewife

of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which

Booker

24. Industry or business in which

Housewife

work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last

engaged in this work

17. Total time (years)

engaged in this work

26. Total time (years)

engaged in this work

19

19

19

19

17. Number of children of this mother

(a) Born alive and now living 3(b) Born alive but now dead 1(c) Stillborn 2(c) Stillborn 2

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

(c) Stillborn

(c) Stillborn

18. If stillborn, / months / weeks

29. Cause of stillbirth

Before labor

During labor

During labor

period of gestation

29. Cause of stillbirth

Before labor

During labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was glad at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) D. P. Wilson, M. D.or Per. J. J. Langston, MidwifeAddress Coper HospitalFiled 9/19/23 19 23 Sam Bann Registrar