

1. PLACE OF BIRTH
 County of Charleston
 Township of _____
 or
 Inc. Town of _____
 or
 City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
17831-a

Bureau of Vital Statistics
 State Board of Health
 Registration District No. 9a Registered No. 800a
 (For use of Local Registrar)
 (No. Riverview Inf. St.; _____ Ward)

2. FULL NAME OF CHILD Harold A. Langston { If child is not yet named, make supplemental report as directed.

Sex or Girl Boy 15. Plural Births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legiti- mate 8. Date of birth June 30, 1922
 5. Number, in order of birth _____ Full term _____

FATHER
 Full name Goddy Langston
 Residence (usual place of abode) 42 Rutledge
 (If non-resident, give place and State) _____
 Color or race White 12. Age at last birthday 30 (Years)
 Birthplace (city or place) Charleston, S.C.
 (State or country) _____
 Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Booker
 Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

MOTHER
 Full maiden name Missina Wheeler
 Residence (usual place of abode) 42 Rutledge
 (If non-resident, give place and State) _____
 Color or race White 21. Age at last birthday 28 (Years)
 Birthplace (city or place) Charleston, S.C.
 (State or country) _____
 Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

18. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 2
 19. Cause of stillbirth _____
 Before 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.
 (Born alive or stillborn)
 (Signed) D. P. Wilson, M. D.
 or Ver. P. P. Langston, Midwife
 Address Coper Hospital
 Filed 7/19/23 19 Len Bann Registrar