

(1) FATHER
County of Charleston
Township of
Inc. Town of
City of Charleston
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

For use of Local Health Officer
34097

Registration District No. 9A Registered No. 1881
(For use of Local Health Officer)
(No. Roper Hosp)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carrie Jones
If child is not yet named, make supplemental report as directed

(1) SEX OR GIRL?	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov. 16</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Christopher Horlbeck</u>	(14) NAME BEFORE MARRIAGE <u>Mary Jones</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston SC</u>			
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>St Stephens SC</u>		(18) BIRTHPLACE <u>St Stephens SC</u>		
(13) OCCUPATION <u>Lab.</u>		(19) OCCUPATION <u>Lab.</u>		
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.
(23) (Signature) Robinson
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Roper Hosp - Charleston SC

Given name added from a supplemental report
191.....
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11/20/1912 J. Mercer, Green Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.