

THIS IS A PERMANENT RECORD.
In the case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
OR
Inc. Town of

City of Charleston (No. Charleston St.; Hospital, Ward)
(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

File No. — For State Registrar Only

29305

Registration District No. 9A Registered No. 1445
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Y (5) Number in order of birth Y (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph A. Kaminski

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Litman

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE Buffalo, N.Y.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. Robert L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 277 Calhoun St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/1 19 22 J. M. ... 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 the fifth month of pregnancy.