

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

2) Full Name of Child

Sex

(4) Twin or triplet?

(3) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Year of Month) (Day) (Year)

FATHER.

MOTHER.

NAME *Hilli Kharis*PRESENT RESIDENCE OF FATHER *Washburn St*AGE AT LAST BIRTHDAY *24* YearsCOLOR OR RACE *White*BIRTHPLACE *Charleston SC*OCCUPATION *William Miller hand turning*Number of children born to mother, including present birth *25*(14) NAME BEFORE MARRIAGE *Dusti Mellice*(15) PRESENT POSTOFFICE OF MOTHER *Washburn St*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25* Years(18) BIRTHPLACE *Washburn St*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.(22) (Signature) *J. C. Nelson*(23) Address of Physician or Midwife *Washburn St*

Given name added from a supplemental report

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

*Feb 23 1923 J. C. Nelson*

Local Registrar

When there was no physician or midwife, then the father, householder, etc., should make this return. If a child branches over the month of pregnancy.

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