

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

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

(2) Full Name of Child George R. F. Cornish

Child is not yet named, make supplemental report as directed

3. BOY OR
GIRL Boy(4) Twin
or Triplet? 2

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 2(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH Jan. 27, 1912
(Month) (Day) (Year)

FATHER.

8. FULL
NAME George R. F. Cornish9. PRESENT
POSTOFFICE
OF FATHER 501 Howard St.,
Spartanburg(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 37
(Years)12. BIRTHPLACE Camden, S. C.13. OCCUPATION Captain in U. S. A.20. Number of children born to
mother, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:45 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. B. B. B. B.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 377 Calhoun St.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1/17(28) 1912

Local Registrar.

When there was no attending physician or midwife, then the father, householders, 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.

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Registrar.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3345

Registration District No. 9 ARegistered No. 187

(For use of Local Registrar)

(No. 1111 Maternity)

Ward