

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of Charleston
Township ofBureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

17841

Inc. Town of Charleston Registration District No. 9A Registered No. 811
City of Charleston (No. Rope Hospital (For use of Local Registrar)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Baby Ursula Gathers If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of Birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 6 23 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Smith(9) PRESENT POST OFFICE OF FATHER Charleston(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION Lab(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jean Gathers(15) PRESENT POST OFFICE OF MOTHER Charleston(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Melrose Island(19) OCCUPATION Dom(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 AM on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Physician (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6/29/27 (28) Physician 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 third month of pregnancy.