

(1) PLACE OF BIRTH

County of Charleston, S.C.

Township of

Inc. Town of

City of Charleston, S.C.

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

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. for State Registrar Only

41223

Registration District No. 9ARegistered No. 1863

(For use of Local Registrar)

Ward

(2) Full Name of Child Ida Lasofsky

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 1 1909

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER David Lasofsky(9) PRESENT POSTOFFICE OF FATHER 89 King - Charleston(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38(12) BIRTHPLACE Europe(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Lena Lazarovitz(15) PRESENT POSTOFFICE OF MOTHER 89 King St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 38(18) BIRTHPLACE Europe(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 340 a M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(22) (Signature) Benjamin(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife 371 King St - Charleston

Given name added from a supplemental report

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Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 12/1/09 191

(27) 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 first month of pregnancy.

Registrar.