

(1) PLACE OF BIRTH **Charleston** **CERTIFICATE OF BIRTH**
 County of **Charleston** **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Register Only

530

166

Township of
 or
 Registration District No. **9.A** Registered No.
 City of **Charleston** (No. **114** **York**) (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 **Mary Ann Elizabeth Berg** .. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH June 20 1910 (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME Joseph Ellis Berg			(14) NAME BEFORE MARRIAGE Ala May J. Smith	
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.			(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 33 (Years)	
(12) BIRTHPLACE Adelphi S.C.			(18) BIRTHPLACE Atlanta Ga.	
(13) OCCUPATION Section Foreman S.A.C.			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 4			(21) Number of children of this mother now living, including present birth 3	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** **9:10 P.M.** on the date above stated.
 (23) (Signature) **J. W. Berg**
 (24) State whether Physician or Midwife (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 **7/2 1910** **J. W. Berg**

*When there was no attending physician or midwife, then the father, householder, etc., should make such 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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