

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 44.—For State Registrar Only

474

Registration District No. 4 Registered No. 94

(For use of Local Registrar)

(No. Private Infirmary St.; Ward)(2) Full Name of Child Betty Marie Wolf If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are parents married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 17, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME William Fred Wolf(9) PRESENT RESIDENCE OF FATHER U. S. S. Newbold, 93rd Street, N. Y.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Wisconsin(13) OCCUPATION Chief Petty Officer, U. S. N.(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Nola Banks(16) PRESENT RESIDENCE OF MOTHER 83 S. Shepard St. Charleston, S. C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24 (Year)(19) BIRTHPLACE Saluda, S. C.(20) OCCUPATION Housewife(21) 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 Alive at 12:27 A.M. on the date above stated. (Be stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Phamend(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 81 Wentworth

Given name added from a supplemental report

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

(27) Filed 1/19/23 (28) 23

When there was no attending physician or midwife, then the father, householder, or other person must sign 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.