

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
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

File No.—For State Registrar Only
25015

Registration District No. 9 A Registered No. 1068
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child

Constance Virginia Witherston
(Supplemental report as directed)

3. BOY OR GIRL? GIRL (4) Twin or Triplet? No (5) Number in order of birth 1118 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3, 20
(Name) (Month) (Day) (Year)

FATHER
(8) FULL NAME C W Witherston

(9) PRESENT POSTOFFICE OF FATHER 1118 King

(10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 36 (Year)

(12) BIRTHPLACE Louisville Ky

(13) OCCUPATION Solicitor

(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE house Luel

(15) PRESENT POSTOFFICE OF MOTHER 1118 King

(16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Marion SC

(19) 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 9:20 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) John D. Wells
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8/28 22 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 fifth month of pregnancy.

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