

(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

File No. — For State Registrar Only

3198

9 A

2) Full Name of Child George Edward Kanner(3) BOY OR GIRL? Boy(4) Twin or Triplet? ☒(5) Number in order of birth 18(6) Are Parents Married? ☒(7) DATE OF BIRTH Feb. 14

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME George Edward Kanner(14) NAME BEFORE MARRIAGE Ethel Irene Adams(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 26

(Years)

(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE Pa.(18) BIRTHPLACE S.C.(13) OCCUPATION Moving Picture Operator(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 111 Calhoun St.

(26) Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/15Merwin Green
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.