

(1) PLACE OF BIRTH

County of CharlestonTownship of North

or

Inc. Town of

or

City of

(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

17221

Registration District No. 1203Registered No. 80

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) SEX Boy <u>✓</u> Girl <u> </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>✓</u>	(7) DATE OF BIRTH <u>June 24, 1922</u> (Month of Month) (Day) (Year)
--	---	------------------------------	----------------------------------	--

FATHER.

(8) FULL NAME Samuel E. Pigeon(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Lucas Co. W. Va.

(13) OCCUPATION

Merchandising(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Samuel E. Pigeon(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION

Housekeeping(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) Signature [Signature](24) Title (Whether Physician or Midwife) Physician(25) Address [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 7, 1923

(28)

M. S. Watkins

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.