

1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**3117**

Township of .....

or  
Inc. Town of .....

or  
City of .....

Registration District No. 2A

Registered No. 195

(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 William Brewster

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

(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21 1923  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Sam Brewster  
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE Europe  
(13) OCCUPATION Merchant  
(14) Number of children born to mother, including present birth 3

## MOTHER

(15) NAME BEFORE MARRIAGE Sara Goldberg  
(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 28  
(19) BIRTHPLACE Europe  
(20) OCCUPATION Domestic  
(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 at 8:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Myerson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 321 Myer St - Charleston

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/17 1923

(28)

Registrar

Local P

FOR

When there was no attending physician or midwife, then the father, householder, etc., should make this a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.