

## (1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**25155**

Registration District No. 9 A Registered No. 1219  
 (For use of Local Registrar)

## (2) Full Name of Child

(No. 12 No-Alexander St.; ..... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL B (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 25 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## FULL NAME

## PRESENT POSTOFFICE OF FATHER

## COLOR OR RACE

## BIRTHPLACE

## OCCUPATION

## Number of children born to mother, including present birth

## MOTHER.

## NAME BEFORE MARRIAGE

## PRESENT POSTOFFICE OF MOTHER

## COLOR OR RACE

## BIRTHPLACE

## OCCUPATION

## Number of children of this mother now living, including present birth

Given name added from a supplemental report

1-21-48

19 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.

20 Witness

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

27 Filed 5/28 1922 J. Mercier, Green M.D. Local Registrar.