

## (1) PLACE OF BIRTH

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

File No.—For State Registrar Only

29985

Township of Summerville

or  
 Inc. Town of Summerville Registration District No. 17A Registered No. 52  
 or  
 City of Summerville (No. 17A St.; 52 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carl Francis Daugherty Child is not yet named, make application and report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Carl Francis Daugherty (9) NAME BEFORE MARRIAGE Susan Nord Sester(10) PRESENT POSTOFFICE OF FATHER Atlantic City (11) PRESENT POSTOFFICE OF MOTHER Summerville(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 26 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 20  
 (Years) (Years)(16) BIRTHPLACE Petaluma Pa (17) BIRTHPLACE Charleston S.C.(18) OCCUPATION Electrician (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (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 Born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.(23) (Signature) Edmund W. Nibbons(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Summerville

Given name added from a supplemental report

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

1922

Registrar

(27) Filed Sept 16 1922 E. P. Stanton 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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