

(1) PLACE OF BIRTH
County of Charleston
Township of Cal Hill

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

File No.—For State Register Only

715

Inc. Town of Registration District No. 1202 Registered No. 1
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1923
(Month of Month) (Day) (Year)

FATHER
(8) FULL NAME Doyle Arthur Therruel
(9) PRESENT POSTOFFICE OF FATHER Patrick S.C. R. 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Six

MOTHER
(14) NAME BEFORE MARRIAGE Mary Estelle Jordan
(15) PRESENT POSTOFFICE OF MOTHER Patrick R. 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child who was born alive on the date above stated.
(23) (Signature) W. H. Gardner (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. R. Davis
(27) Filed Feb. 10, 1923 (28) 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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