

1) PLACE OF BIRTH
County of Charleston
Township of
or
City of Charleston
City of Charleston
(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
25154

Registration District No. Registered No. **1218**...
(For use of Local Registrar)
(No. 49 Chapel St.; Ward)

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

BOY OR GIRL G. (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 22, 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.
FULL NAME James Comfort
PRESENT POSTOFFICE OF FATHER 49 Chapel
COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE S.C.
OCCUPATION laborer
Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Louisa (Johnson)
(15) PRESENT POSTOFFICE OF MOTHER 49 Chapel
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION domestic
(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 at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Robinson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 52 Calhoun

Given name added from a supplemental report W.B. Woodward, M.D.
7/7/42 1922 Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/7/42 1922 J. Mercer's Green R.D. 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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