

## (1) PLACE OF BIRTH

County of Charleston S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

88720

Township of .....

or  
Inc. Town of .....Registration District No. 9ARegistered No. 1401

(For use of Local Registrar)

City of Charleston(No. 40 HasellSt.; 3

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Natalie Vergil Dowling

{ 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 yes  
Married?(7) DATE OF  
BIRTH Dec. 7196

(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets.

## FATHER.

(8) FULL  
NAME John J. Dowling(9) PRESENT  
POSTOFFICE  
OF FATHER Charleston S.C.(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 56  
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Clerk(14) Number of children born to  
mother, including present birth10

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Florence Beaudrot(15) PRESENT  
POSTOFFICE  
OF MOTHER Charleston S.C.(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 40  
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife(20) Number of children of this mother  
now living, including present birth10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4/40 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Mercer Green M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Charleston S.C.Given name added from a supplemen-  
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 12/16 1916

(28)

J. Mercer Green M.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.No report is desired of stillbirths before the  
fifth month of pregnancy.