

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Charleston **STATE OF SOUTH CAROLINA.**
 Township of Charleston **Bureau of Vital Statistics**
State Board of Health 9

Township of

of
the Town of

of

City of

2. Full Name of Child

BOY OR
GIRL?

Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

4) DATE OF BIRTH April 2 1922
(Name of Month) (Day) (Year)

3) FULL
NAME

ii) PESENT
A "LIFE"
OF EITHER

ANALYST

1 BIRIELACE

3) OCCUPATION

2) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

2) hereby certify that I attended the birth of this child, who was 1 day, 2 mos.
on the date above stated. (Born alive of stillborn)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplement-
tal report

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Registrant

(20) Witness

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

(27) Filed 5

(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.

U OF CHESTER

2007-08-01