

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

City of Charleston S.C.

(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

48343

Registered No. 168

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

John Dick Bose

Registration District No. 9A

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet? ✓

(5) Number in order of birth 3rd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH February 12th
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER John Dick Bose

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Hanover Germany

(13) OCCUPATION Clack

(20) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Minnie Wohlers

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Good live, at 3 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Nellie Dargatz

(24) State whether Physician or Midwife (25) Address of Physician or Midwife W.H. Inspection St

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 7/17 1916 (28) J. Mercier 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.