

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston S.C.
 or
 Inc. Town of Charleston S.C.
 or
 City 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
17820

Registration District No. 9 A Registered No. 789
 (For use of Local Registrar)

(No. 112 Coming 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 LeRoy Kaiser If child is not yet named, make supplemental report as directed

3) BOY 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH June 22 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Edmond Kaiser
 9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 12) BIRTHPLACE Charleston S.C.
 13) OCCUPATION Laborer
 20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Washington
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION Laundress
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Abbie Dolley Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
m. n. 5 Thompson Ct.

Given name added from a supplemental report

(26) Witness (Signature of Witness, necessary only when question 23 is signed by mark) J. M. Green M.D.

(27) Filed 6/26/22 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.

Registrar