

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

Inc. Town of .....

City of .....

(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

No. 1a.—For State Registrar Only

30177

Registration District No. *4001-A*Registered No. *146*

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 23</i> (Month of Month) (Day) (Year)
--------------------------------	---	------------------------------	--	--

FATHER.

(8) FULL NAME *W. B. ...*

(9) PRESENT POSTOFFICE OF FATHER *... police*

(10) COLOR OR RACE *...*

(11) AGE AT LAST BIRTHDAY *18*  
(Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nicola C. Hammer*

(15) PRESENT POSTOFFICE OF MOTHER *...*

(16) COLOR OR RACE *white*

(17) AGE AT LAST BIRTHDAY *17*  
(Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Domestic*

(20) 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 ... at ... P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. B. ...*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *...*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *9/20* ... 19 *2013* ... 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.