CERTIFICATE OF BIRTH

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

FILE No.—For State Registrar Only: 29336

1. PLACE OF BIRTH
County of Charleston
Township of Mt pleasant or Inc. Town of
or City of South Carolina (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 9-B Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD Robert Lavey Arms Jr. (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL	4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	To be answered only in event of Twins or Triplets		Yes	September 25, 1922

FATHER

8. FULL NAME: Robert L. Arms
9. PRESENT POSTOFFICE OF FATHER: 144-10 Liberty ave
10. COLOR OR RACE: White
11. AGE AT LAST BIRTHDAY: 29 (Years)
12. BIRTHPLACE: Charleston S.C.
13. OCCUPATION: Policeman
20. Number of children born to mother, including present birth: 2

MOTHER

14. NAME BEFORE MARRIAGE: Bertha Cacioppo
15. PRESENT POSTOFFICE OF MOTHER: 144-10 Liberty ave
16. COLOR OR RACE: White
17. AGE AT LAST BIRTHDAY: 21 (Years)
18. BIRTHPLACE: Brooklyn N.Y.
19. OCCUPATION: House wife
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 (Born alive or stillborn) at 4 P.M. (Hour A.M. or P.M.) on the date above stated.

23. Signature: Rosella Wilson
24. State whether Physician or Midwife
25. Address of Physician or Midwife: Mt pleasant. S.C.

Given name added from a supplemental report _____, 192__
_____ Registrar

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

27. Filed Sept 30 1922 28. Chas A Wickliffe 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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