

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Charleston (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 Register Only

6123

Registration District No. 9ARegistered No. 848

(For use of Local Registrar)

St.; (Ward)

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

(2) Full Name of Child

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 25, 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME George Luther(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION R.R. Engineer(14) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Cornelia Belding(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(22) (Signature) Physician

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness, necessary only when question 23 is signed "mark")

(26) Filed

2-23-1923

(27)

Local Registrar

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.

even once or pregnancy.
fifth month of pregnancy.MAINTAIN SEPARATE RECORD FOR EACH CHILD, AND MARK THE
WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
Bureau of Columbia