

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

468

County of Charleston

Municipality of

In Town of

Registration District No. 9 Registered No. 87

(For use of Local Registrar)

City of Charleston, S.C. (No. 1 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Dorothy White If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
				<u>June 27</u>

FATHER		MOTHER	
(8) FULL NAME	<u>Charles Walter Smith</u>	(14) NAME BEFORE MARRIAGE	<u>Georgia Conely</u>
(9) PRESENT RESIDENCE OF FATHER	<u>Charleston S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER	<u>Charleston S.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>29</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>19</u> (Years)
(12) BIRTHPLACE	<u>Charleston S.C.</u>	(18) BIRTHPLACE	<u>North Charleston S.C.</u>
(13) OCCUPATION	<u>Naval Yard Employee</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children borne to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.) 1:30 P. on the date above stated.(23) (Signature) J. H. Neale, M.D. (24) State (or) Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(27) Filed 1/29 1923 (28) 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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