

WHITE 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.

McCOM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
City of Charleston

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

File No.—For State Registrar Only
33390

Registration District No. 9A Registered No. 1485
(For use of Local Registrar)
No. 559 Meeting 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 Mary Virginia Krowner (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 8 1922
(Name (Month) (Day) (Year))

FATHER.
8) FULL NAME John Henry Krowner
9) PRESENT POSTOFFICE OF FATHER 559 Meeting St
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 26 (Years)
12) BIRTHPLACE Charleston S.C.
13) OCCUPATION Machinist
20) Number of children born to mother, including present birth 2

MOTHER.
14) NAME BEFORE MARRIAGE Mary Virginia Rivers
15) PRESENT POSTOFFICE OF MOTHER 559 Meeting St
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19 (Years)
18) BIRTHPLACE SC
19) OCCUPATION Housewife
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 Born alive at 1140 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John A. Wilson (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife 1140 A.M.

Given name added from a supplemental report

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

19 Registrar

(27) Filed 10/9/22 19 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.

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