

No. 2

PLACE OF BIRTH

County of Charleston

Township of _____

or _____

Town of Charleston

or _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

9 A.

FILE No.—For State Registrar Only

3224-a

Registered No. 225
(For use of Local Registrar)(No. 572 Meeting St. St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD Jackie Feldman

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

BOY OR
GIRL Boy4. Sex of
Infant?5. Number in order
of birth6. Are
Parents
Married? Yes

7. DATE OF BIRTH

Feby. 7th 1923

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL
NAMERuben FeldmanPRESENT
POSTOFFICE
OF FATHERCharleston, S.C.COLOR
OR
RACEWhite11. AGE AT LAST
BIRTHDAY 27
(Years)

BIRTHPLACE

Europe

OCCUPATION

Grocer

MOTHER

14. NAME BEFORE
MARRIAGERosa Ruben15. PRESENT
POSTOFFICE
OF MOTHERCharleston, S.C.16. COLOR
OR
RACEWhite17. AGE AT LAST
BIRTHDAY 27
(Years)

18. BIRTHPLACE

Europe

19. OCCUPATION

At HomeNumber of children born to
mother, including present birth221. Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23. Signature

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

55 Broad St.

Given name added from a supplemental report

19. _____

26. Witness

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

27. Filed

Jan. 27 1923General Register
Local RegistrarIf a child breathes even once, it must not be reported as stillborn. No report is required
before the first month of age.