

(1) PLACE OF BIRTH

County of Charles
 Township of

or
 Inc. Town of

City of Charleston (No. Mersey Maternity Hospital)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harry M. Bernstein

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Bernstein
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE N. Y.
 (13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Rephan
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Nurse

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State where born Physician or Midwife (25) Address of Physician or Midwife 177 Calhoun St

Given name added from a supplemental report

M. B. McDonald, M.D.
7/7/42 19 Registrar

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

(27) Filed 9/20 1922 (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.

Registrar.

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

File No.—For State Registrar Only
29246

9A

Registration District No. Registered No. 1372
 (For use of Local Registrar)

NOTE.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINTED, No. 1, THE OTHER, No. 2, etc., in question 1.

McCOMB OF COLUMBIA, COLUMBIA S. C.