



## 1. PLACE OF BIRTH

County of **Charleston**

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_City of **Charleston**

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

## 2. FULL NAME OF CHILD

**CERTIFICATE OF BIRTH**  
**STATE OF WEST VIRGINIA**  
 Bureau of Vital Statistics  
 State Board of Health

FILE No.—For State Registrar Only

35116

Registration District No. **0A**Registered No. **1784**

(For use of Local Registrar)

(No. **Mercy Hospital**

St. \_\_\_\_\_ Ward)

**Minnie Kuhlend Behrens**

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

1. <b>BOY OR GIRL</b> Girl	4. <b>Twin or Triplet?</b> To be answered only in event of Twins or Triplets	3. <b>Number in order of birth</b>	6. <b>Are Parents Married?</b> Yes	7. <b>DATE OF BIRTH</b> <b>NOV. 8th, 1923</b> (Name of Month) (Day) (Year)
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<b>FATHER</b> 8. <b>FULL NAME</b> John E. Behrens 9. <b>PRESENT POSTOFFICE OF FATHER</b> 527 Rutledge Ave. 10. <b>COLOR OR RACE</b> White 11. <b>AGE AT LAST BIRTHDAY</b> 54 (Years) 12. <b>BIRTHPLACE</b> S.C. 13. <b>OCCUPATION</b> Rural Officer 14. <b>Number of children born to mother, including present birth</b> 4		<b>MOTHER</b> 14. <b>NAME BEFORE MARRIAGE</b> Minnie Denson 15. <b>PRESENT POSTOFFICE OF MOTHER</b> 527 Rutledge Ave. 16. <b>COLOR OR RACE</b> White 17. <b>AGE AT LAST BIRTHDAY</b> 37 (Years) 18. <b>BIRTHPLACE</b> S.C. 19. <b>OCCUPATION</b> Wife 21. <b>Number of children of this mother now living, including present birth</b> 4	
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was **born alive** at **8 P.M.** on the date above stated.  
 (born alive or stillborn) (Hour A.M. or P.M.)

23. Signature *J. M. Green*

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

City

Given name added from a supplemental report

26. Witness

(Signature of Witness necessary only when question 25 is signed by mark)

27. Filed

Nov. 22, 1923

J. M. Green, M.D.

Corrected Jan. 29th, 1930

Local Registrar

When there was no attending physician or midwife, then the father, husband, or mother, or other person, must sign this certificate, and if a child is born even once, it must not be reported as stillborn.