

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25199

Inc. Town of
 or
 City of Charleston S.C. (No. Meray Maternity Hosp. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9 ARegistered No. 1263

(For use of Local Registrar)

(2) Full Name of Child Kathleen Grace Artley

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

3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? yes

(7) DATE OF

BIRTH Aug 25 1920
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Raymond Curtis Artley

9) PRESENT POSTOFFICE OF FATHER

15 New St. Charleston(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE

Andriana

(13) OCCUPATION

Mechanic

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Kathleen Elsie Collins

(15) PRESENT POSTOFFICE OF MOTHER

15 New St. Charleston S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE

Cumden N.J.

(19) OCCUPATION

Wife

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:00 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. W. Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

203 Pine Bank Bldg

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn") Green M. L.(27) Filed 9/6 1920

(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.

If a child breathes even once before the fifth month of pregnancy.