

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or
 Inc. Town of Charleston
 or
 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 Baby William Marion (if child is not yet named, make supplemental report as directed)

3) BOY OR GIRL boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH 6 22 32
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Richard Marion9) PRESENT POSTOFFICE OF FATHER Charleston10) COLOR OR RACE C 11) AGE AT LAST BIRTHDAY 33
 (Years)12) BIRTHPLACE St. Island13) OCCUPATION Lab.14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Ernest Monroe15) PRESENT POSTOFFICE OF MOTHER Charleston16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 34
 (Years)18) BIRTHPLACE St. Island19) OCCUPATION Dom21) 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 boy... alive at 1.2 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Geo. J. Kennedy(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Local Registrar

Given name added from a supplemental report

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

(27) Filed 6/22 19 32 (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.

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File No.—For State Registrar Only

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