

Use in case of twins or triplets use a separate blank for each child, and mark the first-born, No. 1. The other, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston

Township of St. P. St. M.

Inc. Town of North Charleston

City of North Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6925

Registration District No. 902

Registered No. 49

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Hazel Elizabeth Myers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE March 6, 1922
BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ray Ellsworth Wayne

(9) PRESENT POSTOFFICE OF FATHER Navy Yard S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Kentucky

(13) OCCUPATION U.S. N.

MOTHER

(14) NAME BEFORE MARRIAGE Hazel Belle Forte

(15) PRESENT POSTOFFICE OF MOTHER Navy Yard S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Richmond Kentucky

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Two (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 Born Alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Bowers M.D. (24) State whether Physician or Midwife

(25) Address of Physician or Midwife 106 Broad St.

Given name added from a supplemental report

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

(27) Filed Mar. 10, 1922 (28) G. F. Myers 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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