

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

McDOW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston S.C.  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Charleston  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29302

Registration District No. 9 A

Registered No. 1442  
(For use of Local Registrar)

(2) Full Name of Child

Elizabeth Elliott Sass (No. Wiley Maternity Hosp. Ward 5)  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

X

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept. 26, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Herbert Ravenel Sass

(9) PRESENT POSTOFFICE OF FATHER

23 Legare St. Charleston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Asst. Editor News & Courier

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Marion Hutson

(15) PRESENT POSTOFFICE OF MOTHER

23 Legare St. Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

McPhersonville S.C.

(19) OCCUPATION

Wife

(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 Born Alive at 3:22 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/1/22

(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.