

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town or  
City of *Charleston*or  
(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 Register Only

27504

(2) Full Name of Child.....

(3) BOY OR GIRL? *girl* (4) Twin or Triplet?  (5) Number in order of birth   
late arranged only in case of twins or triplets

Registration District No. *9 A* Registered No.   
(For use of Local Registrar)

(No. *63 Washington*, St., *Ward*)

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

(6) Are Parents Married *Yes* (7) DATE OF BIRTH *Sept. 2, 1923*  
(Name of Month) (Day) (Year)

## MOTHER

(8) FULL NAME *Eugene Herbert Skipper*

(9) PRESENT POSTOFFICE OF FATHER *Florence & Co*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25*  
(Years)

(12) BIRTHPLACE *Florence & Co.*

(13) OCCUPATION *Machinist Land. Co.*

(14) Number of children born to mother, including present birth *One*

(14) NAME BEFORE MARRIAGE *Mary Eva Lowe*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19*  
(Years)

(18) BIRTHPLACE *Red Springs, N.C.*

(19) OCCUPATION *School girl*

(20) Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, *she was born alive* *6:25 a.m.*  
(Born alive or stillborn) (Hour, M. or P. M.)  
 on the date above stated.

(23) (Signature) *A. Dore Wilson MD* (24) Address of Physician or Midwife *Physician Charleston, S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *10/10/1923* (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.