

## (1) PLACE OF BIRTH

County of

Charleston S.C.

Township of

Inc. Town of

City of

(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

27405

Registration District No.

9 A

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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

1. BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of twins or triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept. 10, 1923

(Name of Month) (Day) (Year)

## FATHER.

2. FULL NAME

Ernest Taylor

3. PRESENT POSTOFFICE

Charleston S.C.

4. COLOR

White

(11) AGE AT LAST BIRTHDAY

(Years)

5. BIRTHPLACE

Charleston S.C.

6. OCCUPATION

Fireman

## MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Pratt

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

None

7. Number of children born to mother, including present birth

5

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

20. I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

C. C. Cline

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

27 Wright St.

even name added from a supplemental report

(26) Witness

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

(27) Filed

9/26 1923

Local Registrar

If the attending physician or midwife, then the father, householder, etc., should make this return. If the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.