

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of Charleston

(If birth occurs in a hospital or other institution, give name of same)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

88694

Registration District, No. 9X Registered No. 1367
(For use of Local Registrar)

(No. 339 East Bay St.; Ward)

(2) Full Name of Child Arthur Smile Schedareski If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec. 4 1916
To be answered only in case of twins & triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Schedareski

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION clerk

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

MOTHER.

(14) NAME BEFORE MARRIAGE Loretta Elise Deery

(15) PRESENT POSTOFFICE OF MOTHER Charleston

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

(18) BIRTHPLACE Charleston

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:30 M., on the date above stated. (Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charleston

Given name added from a supplemental report

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

(27) Filed 12/7 1916 (28) J. Mervin Green M.D. 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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