(1) PLACE OF BIRTH

County of Charleston

Township of .....
or
Inc. Town of .....
or
City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41304

9 A

1963

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

(No. 23 Spring St. 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 Adria Wm. St Cyr Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	Dec 11 1922

FATHER.

(8) FULL NAME: Adria Wm St Cyr

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

(10) COLOR OR RACE: White. (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: Jordan, Minnesota

(13) OCCUPATION: Traffic Policeman

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

MOTHER.

(14) NAME BEFORE MARRIAGE: Annie Marguerite Hunlock

(15) PRESENT POSTOFFICE OF MOTHER: Charleston S.C.

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Charleston S.C.

(19) OCCUPATION: Domestic

(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 10.30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E L Dixon

(24) State whether Physician or Midwife: MD

(25) Address of Physician or Midwife: 16 Radcliffe St

Given name added from a supplemental report .....

.....
(Registrar)

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

(27) Filed ..... 19 ..... Local Registrar.

*When there was no attendant at birth, the father, householder, etc., should make this return. If a child breathes or shows other evidence of life after birth, it should be reported as a live birth, even though it lived but a few minutes. If a child is known to have been dead before the beginning of the seventh month of pregnancy, it should be reported as a stillbirth. No report is desired of stillbirths

BEGIN HERE—FOLD FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

REGISTRAR OF COLUMBIA, S. C.