

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity 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

29256

9 A

Registration District No.

Registered No.

1393

(For use of Local Registrar)

St.; 11 Ward)

2) Full Name of Child

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 14 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Charles Albert(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Printer(20) Number of children born to mother, including present birth Second

MOTHER.

(14) NAME BEFORE MARRIAGE Madeline Schrage(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 Wife(21) Number of children of this mother now living, including present birth Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. born alive at 10:30 a.m. (Hour A. M. or P. M.)(23) (Signature) [Signature]

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

Physician Charleston, S.C.(26) Witness [Signature]

(Signature of Witness when question 23 is signed by parent)

(27) Filed 9/25/22 (28) [Signature]

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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