

(1) PLACE OF BIRTH

County of Charleston, S.C.Township of Charleston, S.C.or
Inc. Town of Charleston, S.C.or
City of Charleston, S.C.

(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

88709

Registration District No. 9/X Registered No. 1388

(For use of Local Registrar)

(2) Full Name of Child not named yet { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 12 1906 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Eugene Bunel(9) PRESENT POSTOFFICE OF FATHER 40 American St
Charleston, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Summerville, S.C.(13) OCCUPATION Car Repairer - Red Road(20) Number of children born to mother, including present birth { Four

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Catterton(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Walterboro, S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth { Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) C. A. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife 4 Van derhorst St.

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 mark)

(27) Filed 12/13/06 (28) J. ... 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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