

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston S.C.
Township of
OR
Inc. Town of
OR
City 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

29284

1421

Registration District No. 9 A Registered No.
(For use of Local Registrar)

(2) Full Name of Child Francis Porcher Wish (No. Mercy Maternity Hosp. Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 19, 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Porcher Wish
(9) PRESENT POSTOFFICE OF FATHER 8 1/2 Limehome St. Charleston, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Charleston, S.C.
(13) OCCUPATION Salesman
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosalie Murray
(15) PRESENT POSTOFFICE OF MOTHER 8 1/2 Limehome St. Charleston, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State where Physician or Midwife Charleston (25) Address of Physician or Midwife 277 Calhoun St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) [Signature]

(27) Filed 9/28 19 22 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.