

No. 3

PLACE OF BIRTH

City of Charleston

Ship of

or

Town of

or Charleston, S.C. (No. 208 King Street

St.; _____ Ward)

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

FULL NAME OF CHILD Harry Nick Corontzes

{ If child is not yet named, make supplemental report as directed.

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| 1. SEX OF CHILD <u>Boy</u> | 4. Twin or Triplet <u>To be answered only in event of Twins or Triplets</u> | 5. Number in order of birth <u>1</u> | 6. Are Parents Married? <u>Yes</u> | 7. DATE OF BIRTH <u>Sept. 5th, 1922</u> |
| | | | | (Name of Month (Day) (Year)) |

| | | | |
|---|---------------------------------------|--|---------------------------------------|
| FATHER | | MOTHER | |
| 1. FULL NAME <u>Harry Nick Corontzes</u> | | 1. NAME BEFORE MARRIAGE <u>Mary Trapales</u> | |
| 2. PRESENT POSTOFFICE OF FATHER <u>Chas. S.C.</u> | | 2. PRESENT POSTOFFICE OF MOTHER <u>Chas. S.C.</u> | |
| 3. COLOR OR RACE <u>White</u> | 11. AGE AT LAST BIRTHDAY <u>31</u> | 3. COLOR OR RACE <u>White</u> | 11. AGE AT LAST BIRTHDAY <u>22</u> |
| 12. BIRTHPLACE <u>Greece</u> | | 12. BIRTHPLACE <u>Greece</u> | |
| 13. OCCUPATION <u>Soda Fountain Work</u> | | 13. OCCUPATION <u>Ms. Wife</u> | |
| 14. Number of children born to mother, including present birth { <u>1</u> | | 14. Number of children of this mother now living, including present birth { <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 4:30 P.M. at _____ M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P. M.)

23. Signature John A. Wilson
24. State whether Physician or Midwife Phys 25. Address of Physician or Midwife 105 Rutledge Ave

Name added from a supplemental report

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

27. Filed 10/9/ 22 19____ 28. _____ 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.

Only

Ward)

Take
sted

2

2

M.
M.)

1100

1100

1100

1100

1100

(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 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

33391

Registration District No. 9ARegistered No. 1486
(For use of Local Registrar)(No. 208 King St.; Ward)(2) Full Name of Child Frank Corcoran

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 5th 22
(Name of Month) (Day) (Year)(8) FULL NAME Wick Corcoran(9) PRESENT POSTOFFICE OF FATHER 208 King St(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Greece(13) OCCUPATION Writer(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Mary Tinsale(15) PRESENT POSTOFFICE OF MOTHER 208 King St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Greece(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Born alive or stillborn at 4:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Walter A. Wilson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1211 Beech Blk

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/9/22

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.

EMMA G. FRENCH