

(1) PLACE OF BIRTH

County of

Township of

OR
Inc. TOWN ofOR
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

29253

Registration District No. 9 ARegistered No. 1390

(For use of Local Registrar)

St. 7 Ward 2

2) Full Name of Child

(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6, 19

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

FATHER

(8) FULL NAME Augustus Henry Alwers(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Ship Fitter U.S.N. Yard(14) Number of children born to mother, including present birth Third

MOTHER

(14) NAME BEFORE MARRIAGE Mary Lauretta Tischer(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OF RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6:23 A.M. on the date above stated. (Hour & M. or P.M.)(23) (Signature) W. J. G. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 9/25/19 J. M. Davis Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, at such month of pregnancy.