

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25111

Registration District No. 9A

Registered No. 1173

(For use of Local Registrar)

St. Ward)

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

2. Full Name of Child Mary Mander

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

3. SEX

(4) Twin or Triplets?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

9. FULL NAME

Annie Mander

(14) NAME BEFORE MARRIAGE

Antonia Mander

10. PRESENT POSTOFFICE

700 King St.

(15) PRESENT POSTOFFICE OF MOTHER

700 King St.

11. COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

Charleston, S.C.

(18) BIRTHPLACE

Charleston, S.C.

13. OCCUPATION

Typewriter

(19) OCCUPATION

Teacher

14. Number of children born to

present including present birth

2

(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 on the date above stated.

(23) (Signature)

J. M. Mander

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed 8/21/1911

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.