

PLACE OF BIRTH

County of Charleston

Township of

City of

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 Register Only

460

Registration District No. 1 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child Baby French If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH January 7 1923

(8) FATHER. (9) MOTHER.

(10) FULL NAME Walter Francis French (11) NAME BEFORE MARRIAGE Ethel Caroline Balch(12) PRESENT POSTOFFICE OF FATHER City (13) PRESENT POSTOFFICE OF MOTHER City(14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26(18) BIRTHPLACE City (19) BIRTHPLACE City(20) OCCUPATION Clerk (21) OCCUPATION Housewife(22) Number of children born to mother, including present birth 2 (23) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) J. L. Maguire(26) State whether Physician or Midwife (27) Address 187 Calhoun

M.D.

Given name added from a supplemental report

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Registrar

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

(29) Filed 1/31/23 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.