

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. P. St. M.  
 or  
 Inc. Town of Charleston  
 or  
 City of Charleston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

10374

Registration District No. 209Registered No. 74

(For use of Local Registrar)

(No. Mont. St. W. Co. St.; ..... Ward)

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

(2) Full Name of Child Chris. Benjamin Pugh

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

(3) BOY OR GIRL B

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

ap. 16<sup>th</sup> 1922  
(Name) (Month) (Day) (Year)

## FATHER

(9) FULL NAME James Benjamin Pugh(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 34  
(Year)(12) BIRTHPLACE Duplin Co.(13) OCCUPATION Sanitary Inspector(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Ann Mary Morris(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Mad Pleasant SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Moors(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 22 1922

(28)

C. F. Myers  
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.

Registrar

Registrar