

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of Charleston S.C.or  
City of Charleston S.C.

(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

6853

468

Registration District No. .... Registered No. ....  
(For use of Local Registrar)(No. 35 Franklin St. St. .... Ward)(2) Full Name of Child Emma Dear { If child is not yet named, make supplemental report as directed(3) ~~SEX~~  
GIRL?(4) Twin Twin(5) Number in  
order of birth 1st

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married? Yes(7) DATE OF BIRTH Mar. 20, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEWilliam Dear(9) PRESENT  
POSTOFFICE  
OF FATHER35 Franklin St.  
Charleston S.C.(10) COLOR  
OR  
RACEnegro(11) AGE AT LAST  
BIRTHDAY24

(Years)

(12) BIRTHPLACE

James Island S.C.

(13) OCCUPATION

Butler(14) Number of children born to  
mother, including present birthfour

## MOTHER.

(14) NAME BEFORE  
MARRIAGEMattie Gibbs(15) PRESENT  
POSTOFFICE  
OF MOTHER35 Franklin St.  
Charleston S.C.(16) COLOR  
OR  
RACEnegro(17) AGE AT LAST  
BIRTHDAY24

(Years)

(18) BIRTHPLACE

Wardlaw Island S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother  
now living, including present birthfour

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. R. R. R.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Chas. R. C.Given name added from a supplement-  
al report

..... 191.....

..... Registrar

(26) Witness

(Signature of Witness Necessary only  
when question 26 is signed by mark)(27) 5/24/22

At

(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.

1922  
6853-2-22-22