

(1) PLACE OF BIRTH

County of *Charleston, S.C.*
Township of *Charleston, S.C.*
or
Inc. Town of *Charleston, S.C.*
or
City of *Charleston, S.C.*

CERTIFICATE OF BIRTH
SOUTH OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No.

3104

Registered No. 242...
(For use of Local Registrar)

(2) Full Name of Child: St. Onish, Misha

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

100-443886-1

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**Ranking by
order of birth**

1000

(7) DATE OF *Feb 15 72*

FATHER

(9) **NAME** David Wright

7) PRESENT
COUNTERPART
OF FATHER: Charles L.G.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (12) YOUNG

Spencer, Ill. SC

15. Occupation
Laborer

20) Number of children born to mother, including present time

MOTHER.

(14) NAME, REPORT NUMBER, ADDRESS Eugenia Herbst

(10) PRESENT
CITY OF BROTHER Charleston S.C

(16) COLOR OR RACE *colored* (17) AGE AT LAST DEATH *16*

(TO) BIRTHPLACE *Bushler County*

(7) OCCUPATION
House work

(71) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(28) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)

(Signature) Walter J. Kelly, Jr. Director

SECRET

001- WILSON

Signature of witness required only
when question is litigated by mark.

100-443887-100

1. The physician, midwife, or other person who has attended the birth, should make this return.
2. The child should be reported as stillborn. No report is desired of stillbirths
3. In case of stillbirth, the cause of death should be stated, such as: "Lack of pregnancy."