

(1) PLACE OF BIRTH

County of Charleston

Township of _____

Inc. Town of _____

City of Charleston

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

(2) Full Name of Child Male Koester

File No. — For State Registrar Only

10288CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 9ARegistered No. 576
(For use of Local Registrar)St. St. Morris (No. 39) (Ward)

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

Yes

(7) DATE OF BIRTH

April 27, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: William T. Koester(9) PRESENT POSTOFFICE OF FATHER: 39 Morris St.(10) COLOR OR RACE: White(11) AGE AT LAST BIRTHDAY: 21
(Year)(12) BIRTHPLACE: Charleston, S.C.

(13) OCCUPATION:

Clerk(14) Number of children born to mother, including present birth: 2

MOTHER

(15) NAME BEFORE MARRIAGE: Mary M. Hutchinson(16) PRESENT POSTOFFICE OF MOTHER: 39 Morris St.(17) COLOR OR RACE: White(18) AGE AT LAST BIRTHDAY: 22
(Year)(19) BIRTHPLACE: Lake City, S.C.

(20) OCCUPATION:

Domestic(21) Number of children of this mother ever 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 alive at 12.15 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental card report

(26) Witness

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

4/29/22 (Date)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born at home, the report is desired of all the birth month of pregnancy.