

(1) PLACE OF BIRTH

County of Charleston
 Township of
 OR
 Inc. Town of
 OR
 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 Registrar Only
25200

Registration District No. 9 A Registered No. 1264
 (For use of Local Registrar)

(2) Full Name of Child Agnes Marion Shakil
 (No. Mercy Maternity Hospital, Ward)

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

3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 28, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Madame Simon Shakil
 9) PRESENT POSTOFFICE OF FATHER 59 Vanderhorst St. Charleston
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 12) BIRTHPLACE Zahlah, Syria
 13) OCCUPATION Merchant
 20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mariam Margant Kalil
 (15) PRESENT POSTOFFICE OF MOTHER 59 Vanderhorst St. Charleston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Wife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 203 2nd Bank Bldg

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/6 19 22 Merced Green M. 2
 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.

If a child breathes even once before the fifth month of pregnancy.