

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and under the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33384

Registration District No. 9A

Registered No. 1479
(For use of Local Registrar)

(2) Full Name of Child William Arthur
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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 Twins or Triplets

5) Number in order of birth

6) Are Parents Married? Yes

7) DATE OF BIRTH Sept 29th, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Arthur

9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

10) COLOR OR RACE White

11) AGE AT LAST BIRTHDAY 33
(Years)

12) BIRTHPLACE Winn S.C.

13) OCCUPATION Inspector

20) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Annie Chapman

15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

16) COLOR OR RACE White

17) AGE AT LAST BIRTHDAY 31
(Years)

18) BIRTHPLACE Winn S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alone at 3 A.M. on the date above stated. (Born alive or stillborn: (Hour, M. or P. M.)

(23) (Signature) W. Arthur Smith

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 72 South

Given name added from a supplemental report

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

(27) Filed 10/10, 1922 Local Registrar J. Menden Green M.D.

*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.