

(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

29210 1337

Registration District No. 9 A Registered No.
 (For use of Local Registrar)
 (No. Roper Hospital St.: Ward)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

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

FATHER.

(8) FULL NAME Mr Harry Heahler
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE N.Y.
 (13) OCCUPATION mechanic
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Margaret Jarvis
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Mass.
 (19) OCCUPATION domestic
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:40 A.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) William M. L.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/16/22 (28) J. Martin Green M.D. 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.

McGraw-Hill, Inc. FIRST-BORN, No. 1, 1918, 1919, No. 2, etc., in question 5.