

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

**19098**

District of Charleston

Township of .....

City of .....

Registration District No. 40

Registered No. 279

(For use of Local Registrar)

(No. .... Ward)

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

(2) Full Name of Child Frederick

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

(3) Sex Male (4) Date of Birth June 10 1903 (5) Name of Mother Gertha Luedtke

(6) Name of Father Frederick (7) Name of Mother Gertha Luedtke

(8) Present Postoffice of Father Charleston (9) Present Postoffice of Mother Charleston

(10) Color or Race W (11) Age at Last Birthday 26 (12) Color or Race W (13) Age at Last Birthday 27

(14) Birthplace Germany (15) Birthplace Germany

(16) Occupation Teacher (17) Occupation Housewife

(18) Number of children born to mother, including present birth 3 (19) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(21) Signature J. J. Luedtke (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Charleston

Give name added from a supplemental report Frederick (24) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jas. Cooper

(25) Filed 7-1-23 (26) 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.

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