

(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

33393

Registration District No. 9 A Registered No. 1488

(For use of Local Registrar)

St. Ward)

2) Full Name of Child Junita Main Stanton If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH <u>Sept. 15th 22</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

8) FULL NAME Walter Main Stanton14) NAME BEFORE MARRIAGE Odeline Jewox9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.13) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 25 (Years)16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 27 (Years)12) BIRTHPLACE Charleston, S.C.18) BIRTHPLACE Ridgeway, S.C.13) OCCUPATION Seaman19) OCCUPATION Domestic20) Number of children born to mother, including present birth Five21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive at 6:50 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) J. H. Hester

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 635 1/2 St.

Given name added from a supplemental report

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

(27) Filed 10/19/22 Registrar J. M. Green, Jr. 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.

EMMA G. FLECK