1. PLACE OF BIRTH
County of Charleston
Township of
or Inc. Town of
City of Charleston, S.C.
(If this child was born in a hospital or other institution, give name of place instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
Year 24
3112

Year 1923 Series 9 A 190
Registration District No.
Registrar's District No. 259 W. Rutledge Ave.
(Ward)

2. FULL NAME OF CHILD Jules LaVergne, III.

3. Sex of Child	4. Twin, triplet, or other	5. Number in order of birth	6. Premature	7. Are parents married?	8. Date of birth
Boy			Full term	Yes	Jany. 28, 1923

FATHER

9. Full name Jules LaVergne, Jr.
10. Residence (usual place of abode) (If metropolitan, give place and ward) 259 E. Rutledge Ave.
11. Color or race White
12. Age at last birthday 26 (Years)
13. Birthplace (city or place) Charleston, S.C. (State or country)
14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Accountant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *
16. Date (month and year) last engaged in this work *
17. Total time (years) spent in this work *

MOTHER

18. Full maiden name Emily Hyer.
19. Residence (usual place of abode) (If metropolitan, give place and ward) 259 E. Rutledge Ave.
20. Color or race White
21. Age at last birthday 27 (Years)
22. Birthplace (city or place) Charleston, S. C. (State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. *
25. Date (month and year) last engaged in this work *
26. Total time (years) spent in this work *

OCCUPATION

27. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
Before labor
During labor
28. If stillborn, period of gestation (months weeks)
29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) [illegible] M. D.
Physician
Address Chas, S.C.
Filed Feby. 17, 1923 J. M. Green, M.D.

Give name added from a supplemental report
(Date of)