

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
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

80509

Registration District No. 9ARegistered No. 1097

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Harry Mortimer Peterson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Daniel Jason Peterson(14) NAME BEFORE MARRIAGE Martham Cason(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 27 (Years)(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Savannah Ga(18) BIRTHPLACE Coffey Co, Ga(13) OCCUPATION Sheet metal worker(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D. Cason(24) State whether Physician or Midwife (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 10/31

191

(28)

J. M. Green, M.D. Local Registrar

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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Registrar

Filed 10/31

1916

J. M. Green, M.D.

Corrected: JUN 20 1940

LEON SANDY, M.D.

REGISTRAR

FORM NO. 2
 STATISTICAL BUREAU, SOUTH CAROLINA
 PRINTED AT THE STATE PRINTING OFFICE
 N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia

Only

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Registrar

Ward)

make

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1916

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