

## (1) PLACE OF BIRTH

County of *Charlotte*Township of *Sullivan*

Inc. Town of .....

City of .....

(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

Registration District No. *912*

File No.—For State Registrar Only

10391

Registered No. *6*

(For use of Local Registrar)

(2) Full Name of Child *George Lee Coste*

(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

(6) Are Parents Married?

(7) DATE OF BIRTH

*June 19, 22*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Wm R Coste*

(9) PRESENT POSTOFFICE OF FATHER

*54 Montrose SC*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*37*

(Years)

(12) BIRTHPLACE

*Sullivan Island SC*

(13) OCCUPATION

*Painter*

(20) Number of children born to mother, including present birth

*8*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Julia Hesse*

(15) PRESENT POSTOFFICE OF MOTHER

*54 Montrose SC*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*38*

(Years)

(18) BIRTHPLACE

*Charleston SC*

(19) OCCUPATION

*House wife*

(21) Number of children of this mother now living, including present birth

*6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *White* at *2 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

*Physician*

(25) Address of Physician or Midwife

*Wm Phasmet SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*June 19, 22*

(28) Local Registrar

*Chas. Adkins*

\*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.

\*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.