

Boy

PLACE OF BIRTH

of Chas.

of

own of

Charleston, S.C.

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

LL NAME OF CHILD Herman

Girl If Plural births

4. Twin, triplet, or other

5. Number in order of birth

6. Premature

7. Are parents married? Yes

8. Date of birth June 14, 1915

18. Full maiden name

19. Residence (usual place of abode)

20. Color or race White

21. Are at last birthday 19

22. Birthplace (city or place)

23. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

24. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Total time (years) spent in this work

28. Cause of stillbirth

29. Cause of stillbirth

30. Cause of stillbirth

31. Cause of stillbirth

32. Cause of stillbirth

33. Cause of stillbirth

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38. Cause of stillbirth

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46. Cause of stillbirth

47. Cause of stillbirth

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

(No. 18 Queen Street)

St.

Ward

Full term

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FILE No. For State Registrar Only

18499-2

Registered No. 9812

(For use of Local Registrar)

Ward

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

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive on June 14, 1915

(Born alive or the date above stated)

(Signed) M. D.

Address 786 Meeting St.

Filed 7/3/19

Registrar

(Date of)

Registrar