

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or 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. 9A

File No.—For State Registrar Only

10320

612

Registered No. ....  
(For use of Local Registrar)

St.: ..... Ward)

2) Full Name of Child Galy Christensen

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 event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr. 8, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Carl Christensen

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

Germany

(13) OCCUPATION

Marine Engineer

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

Four

## MOTHER.

(14) NAME BEFORE MARRIAGE

Esther Wiggins

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE

Ridgville S.C.

(19) OCCUPATION

Domestic

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

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is marked "Stillborn")

(27) Filed

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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.