

(1) PLACE OF BIRTH

County of Charleston S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3125

Township of

or
City ofRegistration District No. 9 ARegistered No. 200City of Charleston S.C.

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

(For use of Local Registrar)
St. Ward(2) Full Name of Child William Alexander Rentiers

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 21</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Whalen Rentiers</u>			(14) NAME BEFORE MARRIAGE <u>Estell Simmons</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>	
(13) OCCUPATION <u>Police man</u>			(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
201-3 South Park St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/8/23

(28)

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.