

## PLACE OF BIRTH

City of Charleston

County of \_\_\_\_\_

or \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

## Standard 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

10250A

Registered No. \_\_\_\_\_

(For use of Local Registrar)

(No. 9 Huger St., \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

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

FULL NAME OF CHILD Leroy Waring

Sex of Child \_\_\_\_\_

Age of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Color or race \_\_\_\_\_

Birthplace (city or place) \_\_\_\_\_

(State or country) \_\_\_\_\_

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

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

Date (month and year) last engaged in this work \_\_\_\_\_

Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother \_\_\_\_\_

At time of this birth and including this child \_\_\_\_\_

Stillborn \_\_\_\_\_

Period of gestation \_\_\_\_\_

Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

Certificate of attending physician or midwife \_\_\_\_\_

If the \_\_\_\_\_ was no attending physician \_\_\_\_\_

midwife, then the father, householders, \_\_\_\_\_

should make this return \_\_\_\_\_

Name added from \_\_\_\_\_

Supplemental report \_\_\_\_\_

(Date of) \_\_\_\_\_

Registrar \_\_\_\_\_

FATHER

Full maiden name \_\_\_\_\_

Residence (usual place of abode) \_\_\_\_\_

(If nonresident, give place and State) \_\_\_\_\_

Color or race \_\_\_\_\_

Birthplace (city or place) \_\_\_\_\_

(State or country) \_\_\_\_\_

Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

Date (month and year) last engaged in this work \_\_\_\_\_

Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother \_\_\_\_\_

At time of this birth and including this child \_\_\_\_\_

Stillborn \_\_\_\_\_

Period of gestation \_\_\_\_\_

Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

MOTHER

Full maiden name \_\_\_\_\_

Residence (usual place of abode) \_\_\_\_\_

(If nonresident, give place and State) \_\_\_\_\_

Color or race \_\_\_\_\_

Birthplace (city or place) \_\_\_\_\_

(State or country) \_\_\_\_\_

Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

Date (month and year) last engaged in this work \_\_\_\_\_

Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother \_\_\_\_\_

At time of this birth and including this child \_\_\_\_\_

Stillborn \_\_\_\_\_

Period of gestation \_\_\_\_\_

Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:45 p.m. on the date above stated (Born alive or stillborn)

(Signed) \_\_\_\_\_, M. D.

or \_\_\_\_\_, Midwife

Address Summer St. (address now unknown)Filed 9-24-31, 19 \_\_\_\_\_ Leon B. v. H. D.

Registrar

Registrar \_\_\_\_\_

MADE IN CHARLESTON

MADE IN SOUTH CAROLINA

# UNITED STATES STANDARD CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA 0  
COUNTY OF CHARLESTON )

PERSONALLY appeared before me, Viola White, who being duly sworn says and deposes that she is the mother of Leroy Waring who was born in the City of Charleston on April 21, 1922: that the midwife who attended her did not record this birth: that she does not know where to find the midwife: that she has given the answers on the attached return of birth and that the same are true and correct.

*Viola White*  
Witness: *James D. Bogg*

SWORN to before me this  
24th day of Sept. A.D. 1931  
*Emma D. Reginald*  
Notary Public, S.C.  
My commission expires at the  
will of the Governor.

(1) PLACE OF BIRTH  
County of *Ch*  
Township of *Ch*  
or Town of *Ch*  
or  
City of *Ch*  
(If birth occurs in

(2) Full Name of Child  
(a) *Boy* or *Girl*? *Girl*  
(b) Full Name *Ransom*  
(c) PRESENT POSTOFFICE OF FATHER *Ph*  
COLOR *C*  
OR RACE *C*  
(d) BIRTHPLACE *S.C.*  
(e) OCCUPATION *Farm*  
(f) Number of children born to mother, including present *4*  
(g) I hereby certify that on the date above

Given name added from a tal report

When there was no attend a child breathes even once