

PLACE OF BIRTH

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

442

City of Charleston

County of Charleston

State of South Carolina

Registration District No. 9A

Registered No. 60
(For use of Local Registrar)

(1) Full Name of Child Kelly Withington
(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.

(2) Sex Male (3) Date of Birth 11/17/23
(4) Time of Birth 11:30 (5) Place of Birth Home
(6) Whether born at home or in hospital Yes (7) Date of Birth 11/17/23

FATHER

(1) Name William Withington

(2) Present Residence Charleston S.C.

(3) Color White (4) Age at Birth 43

(5) Birthplace Charleston S.C.

(6) Occupation Carpenter

(7) Number of children born to father, including present birth 4 children

MOTHER

(1) Name Julia B. McDonald

(2) Present Residence Charleston S.C.

(3) Color White (4) Age at Birth 27

(5) Birthplace Charleston S.C.

(6) Occupation House work

(7) Number of children of this mother now living, including present birth 4 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born alive or stillborn) (Hour 10 M. or P. M.)

(2) (Signature) Sarah Brown

(3) State whether Physician or Midwife Midwife

(4) Address of Physician or Midwife 35 Chestnut St

Give name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question is signed) Sarah Brown

(6) Filed 11/17/23 (7) Local Registrar 39

When there was no attending physician or midwife, then the father, household, 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.

FILE 11-1 1923