

(1) PLACE OF BIRTH

County of Charleston, S.C.
 Township of
 or
 Inc. Town of
 or
 City 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

3339

181

Registration District: No.

Registered: No.
(For use of Local Registrar)(No. 411 Moscow)St. 9 (Ward) 9
(For use of street and number.)

If birth occurs in a hospital or other institution, give name of same instead of street and number.
 (2) Full Name of Child Mary Frances
 If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents: 46 (7) DATE OF BIRTH Jan 10 (8) 22
 Married: Yes (9) Month (Day) (Year)

FATHER

(14) NAME BEFORE MARRIAGE Miss Virginia Moscov(15) PRESENT POSTOFFICE OF FATHER Charleston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Charleston - S.C.(19) OCCUPATION Police Officer(20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Formee Kella Anderson(15) PRESENT POSTOFFICE OF MOTHER Charleston - S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Conway S.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 12:00 PM on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) Physician (23) Address of Physician or Midwife 334 meeting st.
 (24) State whether Physician or Midwife

Given, amended, or supplemental report

(25) Witnesses (Signature of Witnesses necessary only when question 22 is signed by mark)

(26) Filed Jan 10 (27) Registrar J. M. ...

When there was no attending physician or midwife, then the father, householder, etc., should make this return if the child breathes even once. It must not be recorded as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Fifth month of pregnancy