

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St Paul  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29718

Registration District No. 1311Registered No. 48  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Regin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 6 22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Herbert Regin  
 (9) PRESENT POSTOFFICE OF FATHER St Paul S.C.  
 (10) COLOR OR RACE Wk (11) AGE AT LAST BIRTHDAY 20  
 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Farm Hand  
 (20) Number of children born to mother, including present birth one

MOTHER.  
 (14) NAME BEFORE MARRIAGE Carrie Montgomery  
 (15) PRESENT POSTOFFICE OF MOTHER St Paul S.C.  
 (16) COLOR OR RACE Wk (17) AGE AT LAST BIRTHDAY 17  
 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M.,  
 on the date above stated. (Mark live or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Laura J. Butler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....

(26) Witness Henry King

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

(27) Filed Sept 9 22(28) Henry King

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.