

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....City of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14000

Registration District No. 9ARegistered No. 735

(For use of Local Registrar)

(2) Full Name of Child Walter Francis Thelen

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 1st 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cecil Ray Thelen

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Willow Springs, Missouri

(13) OCCUPATION

1st Asst Eng. S. Boat

(20) Number of children born to mother, including present birth

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Gertrude Kennedy

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive all 300 M. on the date above stated. (Born alive or stillborn) (Hour, AM or PM)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 81 Wentworth St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19 22

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.

MARGIN HERE FOR WORKING OFFICE. WRITE MAINLY WITH UNFADING INK. IN A PERMANENT RECORD. N. B.—In case of stillbirths, PRINT-BORN. RECORD BY COLUMBIA, COLUMBIA, S. C.