

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

No. - For State Registrar Only

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

20175

COUNTY Charleston  
Township Charleston  
No. 1  
City Charleston

Registration District No. 12022 Registered No. 78  
(For use of Local Registrar)

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

Full Name of Child William W. W. W. W. (If child is not yet named, make supplemental report as directed)

Sex Male Age 3 Date of Birth June 22  
Place of Birth Charleston

FATHER: John  
Name John  
Present Residence Charleston  
Color W Age 28  
Occupation Teacher

MOTHER: Marion  
Name before marriage Marion  
Present Residence Charleston  
Color W Age at last birthday 26  
Birthplace W.C.  
Occupation Housekeeping

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child, who was born on the date above stated.

(23) Signature of Physician or Midwife W. W. W.  
(24) Address of Physician or Midwife Charleston

Given name added from newspaper W. W. W.  
Signature of Witness W. W. W.  
Date July 10, 1917

When there was doubt as to the sex of the child, the Registrar should make a supplemental report.