

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 20175 - For State Registrar Only

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

COUNTY Charleston
Township Charleston
City Charleston

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

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

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

(3) Sex Male (4) Age 3 (5) Date of Birth June 22
... (6) Name of Month June (7) Year 1915
* To be answered only in case of Twins or Triplets.

FATHER: (8) Name George ...
(9) Present Postoffice Charleston
(10) Color or Race W
(11) Birthplace SC
(12) Occupation ...
(13) Number of children of this mother now living, including present birth 3

MOTHER: (14) Name before marriage Marion ...
(15) Present Postoffice of Mother Charleston
(16) Color or Race W
(17) Age at last birthday 26
(18) Birthplace W.C.
(19) Occupation Housekeeping
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) Signature of Physician or Midwife ...
(22) Address of Physician or Midwife ...

Given name added, from ...
Witnesses: (23) Signature of Witness ...
(24) Signature of Witness ...
(25) Address of Witness ...

When there was no ...
If a child has been ...

REGISTRATION DISTRICTS ...
COUNTY ...
TOWNSHIP ...
CITY ...
REGISTRATION DISTRICT ...
REGISTERED NO. ...
DATE OF BIRTH ...
SEX ...
AGE ...
NAME OF CHILD ...
NAME OF FATHER ...
NAME OF MOTHER ...
COLOR OR RACE ...
BIRTHPLACE ...
OCCUPATION ...
NUMBER OF CHILDREN ...
SIGNATURE OF PHYSICIAN ...
ADDRESS OF PHYSICIAN ...
SIGNATURE OF WITNESSES ...
ADDRESS OF WITNESSES ...