

PLACE OF BIRTH

County of Charleston

Township of

OR
In Town of

OR
City of Charleston, S.C.

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

2) Full Name of Child Marianne Eliza Lankin

File No.—For State Registrar Only
3221

CERTIFICATE OF BIRTH

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

Registration District No. **9 A**

Registered No. **311**

(For use of Local Registrar)

St. Ward)

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

1) Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 2 1923 (Name of Month) (Day) (Year)

FATHER.

1) FULL NAME Harold Elwood Lankin

2) PRESENT POSTOFFICE OF FATHER Care of Post Master New York

3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

4) BIRTHPLACE Philadelphia Pa.

5) OCCUPATION Copper smith

6) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Emma Eldridge

15) PRESENT POSTOFFICE OF MOTHER 43 Eighth Street Navy Yard, Charleston S.C.

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

18) BIRTHPLACE Peterburg New Jersey

19) OCCUPATION Homemaker

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. F. H. ... Charleston, S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

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

(27) Filed 2/12 1923 (28) J. M. Green M.D. 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.

Register ... No report is ...