

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston  
 or  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 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  
29173

Registration District No. 9 A Registered No. 1296  
 (For use of Local Registrar)  
 (No. Mercy Maternity Hospital ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child — Ginsberg

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ginsberg  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE J. W. (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE Russia  
 (13) OCCUPATION Wholesale Tobacco Store  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Kops  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE J. W. (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Europe  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:00 A.M. on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 777 Calhoun

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 9/6 1922 (28) [Signature] 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.

Filed 9/6 1922 Corrected NOV 2