

(3) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA.

File No.—for State Registrar Only

Township of

Bureau of Vital Statistics

State Board of Health

Ins. Town of

Registration District No. 9A3102277

City of

Registration District No. 9ARegistered No. 277

(For use of Local Registrar)

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

No. 22 Vernon St.St. Ward(2) Full Name of Child Mary Helen Ruth

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

(1) <u>BOY</u> GIRL?	(4) <u>Twins</u> or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF <u>2-13-23</u> BIRTH (Name of Month) (Day) (Year)
(8) FULL NAME <u>Byrnie Ruth</u>		(9) NAME BEFORE MARRIAGE <u>Lucy Ann Dobson</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Vitaburg, Pa.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		
(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(14) COLOR OR RACE <u>Colored</u>	(15) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(16) PLACE OF BIRTH <u>East, S.C.</u>
(17) OCCUPATION <u>Barber</u>		(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>One</u>		(20) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:14 A.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) J. H. Green

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife 14 ElmwoodGiven name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed 2/15/23

(27) Local Registrar

J. Mercus Green, Jr.
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.