

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT.
N.B.—In case of TWINS OR TRIPLETS use 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
Township of Chicora, Place
or
Inc. Town of.....
or
City of

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

Registration District No. 909 Registered No. 93
(For use of Local Registrar)

File No.—For State Registrar Only
14067

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

(2) Full Name of Child George William Songer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 4th (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH May 9th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clifford Moore Songer
(9) PRESENT POSTOFFICE OF FATHER Navy yard, P.O.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Ashland, Kentucky
(13) OCCUPATION Machinist
(20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Katherine Sebastian
(15) PRESENT POSTOFFICE OF MOTHER Navy yard, P.O.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Huntington, West Virginia
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 4 lbs. at 11:20 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Wright (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 827 Lombard St

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) B. T. Myers
(27) Filed May 14 1922 (28) 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.

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