

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
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

10292

Registration District No.

Registered No.

(For use of Local Registrar)

2) Full Name of Child

Frank Lester

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is he answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April, 19th 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Lester

(9) PRESENT POSTOFFICE OF FATHER

103 St. Philip St.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Cheves

(15) PRESENT POSTOFFICE OF MOTHER

103 St. Philip St.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

Four

(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 Born Alive 6:50 A.M. on the date above stated. (Born Alive or Stillborn) (Hour A.M. or P.M.)

(23) (Signature)

M. C. Chamberlain

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Char. S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

4/21/22

191

(28)

J. Mercer 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.