

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

19157

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of CharlestonCity of CharlestonRegistration District No. 4002 Registered No. 65
(For use of Local Registrar)St. of CharlestonCity of Charleston(No. 1 St. 1 Ward 1)

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

(2) Full Name of Child David Peterson If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 5 (6) Are Parents Married Yes (7) DATE OF BIRTH June 1, 1923
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) Full Name <u>Arthur Peterson</u>	(14) NAME BEFORE MARRIAGE <u>Burnice Huse</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
(9) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(12) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(13) BIRTHPLACE <u>W.C.</u>	(15) BIRTHPLACE <u>W.C.</u>	(18) OCCUPATION <u>Samuel</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to father, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

James FairleySept. 27, 1923

Registrar

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

(27) Filed July 10, 1923 (28) J. B. Lockwood 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.