

## (1) FACTS OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....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

27444

Registration District No. 7A Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child. Mary Sayeg If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Y</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 4</u> 1923 (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Joseph George Sayeg(9) PRESENT POSTOFFICE OF FATHER 440 King St. Charleston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Assyria(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth Three

## MOTHER

(14) NAME BEFORE MARRIAGE Ides Okye(15) PRESENT POSTOFFICE OF MOTHER 440 King St. Charleston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Assyria(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) [Signature]

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician211-2 Dine Bank Bldg

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 9/14/23 [Signature] Local Registrar

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.