

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

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

(2) Full Name of Child Mary Ursula Buckner

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

(3) SEX OR GALT Girl (4) Type or Triple Single (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 8 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Herbert Crawford Buckner(9) PRESENT RESIDENCE OF FATHER 324-96th St W 41 New York N.Y.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Year)(12) BIRTHPLACE Detroit Mich(13) OCCUPATION Elec Engineer(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Regina Zobel(15) PRESENT RESIDENCE OF MOTHER 76 Radcliffe St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ..... at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. McCracken M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 516 South Battery

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11, 24 1923 (28) Registrar J. M. ...

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.