

PLACE OF BIRTH

City of Charleston

County of _____

Town of _____

City of Charleston

FULL NAME OF CHILD

Standard Certificate of Birth
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of HealthRegistration District No. 2ARegistered No. 1032a
(For use of Local Registrar)(No. 180 & Columbia St.)

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
(If child is not yet named, make supplemental report as directed)1. Sex Male 2. Date of birth July 30, 1923
(Month, day, year)3. Full maiden name Albertha Stroders4. Residence (usual place of abode) City
(If nonresident, give place and State)5. Color or race Cole 6. Age at last birthday 17 (Years)7. Birthplace (city or place) Charleston, S.C.
(State or country)8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date (month and year) last engaged in this work

11. Total time (years) spent in this work

12. Cause of stillbirth

13. Certificate of attending physician or midwife

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated
(Born alive or stillborn)(Signed) Rynah Simmons M. D.Address America St.Filed 9/30/30 19 Emma G. FegansName added from _____
(Date of)

Name on affidavit of mother.