

(1) PLACE OF BIRTH

County of

Charleston

Township of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only  
41218

1858

Inc. Town of

Registration District No. 9A

Registered No.

(For use of Local Registrar)

City of

Charleston

(No. of trap man)

St.; Ward)

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

2) Full Name of Child

Elizabeth Mack

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 27

1927

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Mack

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Madagascar

(13) OCCUPATION

mechanic

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

1

(15) NAME BEFORE MARRIAGE

MOTHER. Jamie Collins

(16) PRESENT POSTOFFICE OF MOTHER

Charleston

(17) COLOR OR RACE

negro

(18) AGE AT LAST BIRTHDAY

28

(Years)

(19) BIRTHPLACE

Charleston

(20) OCCUPATION

housekeeper

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Philippa Twine

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife 8 Montague St

Given name added from a supplemental report

, 191....

Registrar

(26) Witness

(Signature of Witness necessary when question 23 is signed by a midwife)

(27) Filed

12/30/27

(28) 191....

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.

Registrar.