

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Pleasantor Inc. Town of St. PleasantCity of St. Pleasant

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

6871

Registration District No. 9-13Registered No. 10

(For use of Local Registrar)

City of St. Pleasant (No. 10 St. 10 Ward)

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

(2) Full Name of Child William Bernhardt (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Bernhardt(9) PRESENT POSTOFFICE OF FATHER St. Pleasant S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Christ Church(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Nine

MOTHER

(14) NAME BEFORE MARRIAGE Ida Sherman(15) PRESENT POSTOFFICE OF MOTHER St. Pleasant S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE St. Pleasant S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & stillborn At 9 A.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Harry E. Wilson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Pleasant

Given name added from supplemental report

(26) Witness

Signature of Witness necessary only if child is named