

(1) PLACE OF BIRTH

County of Charleston
Township of Charleston

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

No. 32038

Sex of Male Registration District No. 100 Registered No. 100
City of Charleston (No. 100 Midway)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Harriette O. News If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 26, 1914 (Month of Birth) (Day) (Year)

FATHER

(8) FULL NAME Frank O. News
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Charleston
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Hennetta Fisher
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn)

(22) (Signature) [Signature]
(23) State whether Physician or Midwife Physician (24) Name of Institution Wm. H. Hospital

Given name added from a supplemental report
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Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)
(26) Filed 12/14 (27) (28)

*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.