

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. II.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 6.  
MEASUREMENTS, Columns 8 & 9.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
OF  
Inc. Town of .....  
or  
City of Charleston  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**33394**

Registration District No. 9A Registered No. 1489  
(For use of Local Registrar)  
(No. — Centre St — St.; 12 — Ward)

(2) Full Name of Child James William Hess

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John William Hess  
(9) PRESENT POSTOFFICE OF FATHER Charleston SC  
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Charleston SC,  
(13) OCCUPATION Mechanic  
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Leva Gutzler  
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Charleston SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Stannosh me  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 71 E. 1st St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/13 1922 (28) J. Mervin Green M.C. 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.

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