

(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

10295

Inc. Town of Registration District No. 9 A Registered No. 585
(For use of Local Registrar)
City of Charleston (No. 699 King 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 Baby Ravenel

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

(4) BOY OR GIRL? Girl (14) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH April 18 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Charles Oscar Ravenel

(14) NAME BEFORE MARRIAGE Johanna Danehey

(9) PRESENT POSTOFFICE OF FATHER City

(15) PRESENT POSTOFFICE OF MOTHER City

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE City

(18) BIRTHPLACE City

(13) OCCUPATION Tinner

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:20 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. R. Maguire
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 127 Calhoun

Given name added from a supplemental report

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

(27) Filed Apr 19 1922 J. M. Mercer, 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.