

(1) PLACE OF BIRTH

County of Charleston

Township of

or

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
48318Registration District No. 9 A Registered No. 199

(For use of Local Registrar)

(2) Full Name of Child

(No. 101 Columbus St.; 10 Wood)(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Are
Presently
Married?(7) DATE Feb 11 1916

(Name of Month) (Day) (Year)

(8) FULL
NAME

FATHER.

(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at Charleston SC on the date above stated.(23) (Signature) Mrs. Kralz

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
454 Meeting StGiven name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed 2/24/16

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.