

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City ofCity of *Charleston, S.C.*

(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

No. 11. - For State Registrar Only

3185

Registration District No. *9 A* Registered No. *267*
(For use of Local Registrar)(2) Full Name of Child *Betha Doctor* (If child is not yet named, make supplemental report as directed)(3) SEX *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Feb 2 1923*
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<i>William Tetter</i>		(14) NAME BEFORE MARRIAGE	<i>Florence Stead</i>	
(9) PRESENT POST OFFICE OF FATHER	<i>Charleston S.C.</i>		(15) PRESENT POST OFFICE OF MOTHER	<i>Charleston S.C.</i>	
(10) COLOR OR RACE	<i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Year)	(16) COLOR OR RACE	<i>Black</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Year)
(12) BIRTHPLACE	<i>Red Top S.C.</i>		(18) BIRTHPLACE	<i>Wesley S.C.</i>	
(13) OCCUPATION	<i>Railroad Employee</i>		(19) OCCUPATION	<i>Domestic</i>	
(20) Number of children born to mother, including present birth	<i>3</i>		(21) Number of children of this mother now living, including present birth	<i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. J. Green*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *17 Human*

Given name added from a supplemental report	(26) Witness <i>Mr. L. J. Green</i> (Signature of Witness necessary only when question 22 is signed by such)
..... 19	(27) Filed <i>16</i> 19
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.