

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

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

Registration District No. 9Registered No. 1000
(For use of Local Registrar)(2) Full Name of Child Louis Durhage

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Report To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age of Child <u>40</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept 17 1900</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>?</u>			(14) NAME BEFORE MARRIAGE <u>Edel Durhage</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>?</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>?</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
(12) BIRTHPLACE <u>?</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>	
(13) OCCUPATION <u>?</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 18 Rockledge St. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 18 Rockledge St.

(Given name added from a supplemental report)

(26) Witness (signature of Witness necessary only when question 22 is signed by mark)

(27) Signed 11/11/00 at 2:30 P. M. W. J. Jones

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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Name W. J. Jones Title RegistrarFile No. 17 Date 11/11/00