

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Townor
City of

(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

27437

Registration District No. 9 Registered No. (For use of Registrar)
 City of Charleston, S.C. Francis Xavier Sup. (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 Ralph James Alphonse If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or triplet? no (5) Number in order of birth two (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Francis Alphonse(9) PRESENT POSTOFFICE OF FATHER 675 King St.(10) COLOR white (11) AGE AT BIRTHDAY 30
 OR BIRTHDAY (Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth two

MOTHER.

(15) NAME BEFORE MARRIAGE Ngel Blanche Sidale(16) PRESENT POSTOFFICE OF MOTHER 675 King St.(17) COLOR white (18) AGE AT BIRTHDAY 23
 OR BIRTHDAY (Years)(19) BIRTHPLACE Sumter S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Jago

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

md. 18 Rutledge St.

Given name added from a supplemental report

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

(27) Filed 7-17-23 J. Merwin Green R.D. 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.