

PLACE OF BIRTH

Charleston

County of _____

Township of _____

or

Town of _____

or Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD Benjamin Kater McInnes

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

BOY OR GIRL

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF BIRTH

Sept. 14th, 1922

(Name of Month (Day) (Year))

FATHER

FULL NAME Benjamin Kater McInnes

PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

COLOR OR RACE White

11. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE

Charleston, S.C.

OCCUPATION

Physician

Number of children born to mother, including present birth {

4

MOTHER

14. NAME BEFORE MARRIAGE

Clara Nevilla Moore

PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

16. COLOR OR RACE White

17. AGE AT LAST BIRTHDAY 40 (Years)

18. BIRTHPLACE

Philadelphia, Pa.

19. OCCUPATION

Wife

21. Number of children of this mother now living, including present birth {

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature G. Fraser Wilson.

24. State whether Physician or Midwife M.D.

25. Address of Physician or Midwife

City

Name added from a supplemental report

26. _____

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

27. Filed

Sept. 20th, 1922

J. M. Green, M.D.

Corrected May 1st, 1930

Local Registrar.

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.

FILE No.—For State Registrar Only

29239

Registrar Only

371

Registrar

Ward

ed, make directed

1922 (Year)

done.

H.O.

P.A.

J. M. Green

or P.M.

Midwife

Signature

Signature

Signature

Signature

Signature

Signature

Signature

(1) PLACE OF BIRTH

County of Charleston
 Township of D
 or
 Inc. Town of Charleston S.C.
 or
 City of Charleston S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

29239

1371

Registration District No. 9A Registered No. 1371
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. Theresa M. Moore Hospital)

(2) Full Name of Child B. K. Moore McInnes Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 14, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. K. McInnes Jr.
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (Year)
 (12) BIRTHPLACE Charleston S.C.
 (13) OCCUPATION M.D.

MOTHER.

(14) NAME BEFORE MARRIAGE Clara R. Moore
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
 (Year)
 (18) BIRTHPLACE Philadelphia Pa.
 (19) OCCUPATION Wife

(20) Number of children born to mother, including present birth 4
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Hour A. M. or P. M.) 3:30 P.M.

(23) (Signature) Alexander
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 277 Oakton

Given name added from a supplemental report

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

(27) Filed 9/20/22 (28) Wesley Moore M.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.

Registrar

born in the City of Charleston, State and County aforesaid, that the record of this child's birth is recorded in that the City and State departments of vital statistics; that Dr. Alexander Wilson, who made the report entered the mother's name as Clara R. Moore; that this is incorrect and that it should be Clara Neville Moore as stated on the reverse Return of Birth; that the answers are