

(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

File No.—For State Registrar Only

27460

Registration District No. 9A Registered No.

(For use of Local Registrar)

(2) Full Name of Child Baby Helen Ker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 6 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Henry Helmsken(9) PRESENT POSTOFFICE OF FATHER 52 Market St Charleston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Savannah Georgia(13) OCCUPATION Physician(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Hasselberger(15) PRESENT POSTOFFICE OF MOTHER 52 Market St Charleston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn as born alive or stillborn (How A. M. or P. M.) on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife 117 ...

Given name added from a supplemental report

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

(27) Filed 9/7/23 J. Merwin Green 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.