

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City 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. 10-For State Register

3246

386

Registration District No. 9A

Registered No. ....

(For use of Local Registrar)

(No. 602 Cooper St.) ..... Ward)(2) Full Name of Child Ornes Lue Maryaunt If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Type or Figure To be reported only in event of Twins or Triplets (5) Are Parents Married yes (6) DATE OF BIRTH Feb. 15, 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(7) FULL NAME <u>John Maryaunt</u>	(10) NAME BEFORE MARRIAGE <u>Mary Th. Maryaunt</u>	(10) FULL NAME <u>John Maryaunt</u>	(10) NAME BEFORE MARRIAGE <u>Mary Th. Maryaunt</u>
(8) PRESENT RESIDENCE OF FATHER <u>Charleston</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Charleston</u>	(11) PRESENT RESIDENCE OF FATHER <u>Charleston</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Charleston</u>
(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(14) BIRTHPLACE <u>Charleston S.C.</u>	(15) OCCUPATION <u>Ta Cooper</u>	(14) BIRTHPLACE <u>Charleston</u>	(15) OCCUPATION <u>House work</u>
(16) Number of children born to mother, including present birth <u>10</u>	(17) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was 7.8.13 at 11-132 on the date above stated. (Sign alive or stillborn) (Hour A.M. or P.M.)(21) (Signature) Th. Maryaunt (22) Date whether Physician or Midwife Th. Maryaunt (23) Address of Physician or Midwife Th. Maryaunt

Given name added from a supplemental report

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

(25) Filed 220 73 (26) Local Registrar

When child is born in a hospital or institution, then the father, householder, etc., should make this report. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.