

(1) PRICE OF BIRTH

County of S. Charlotte

Township of

or

Inc. Town of

City of Charleston

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

(2) Full Name of Child Charles P. Armstrong(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1
To be answered only in event of Twins or Triplets(6) Are Parents Married? yesDATE OF BIRTH Sept. 16th 1922
(Name) (Month) (Day) (Year)(8) FULL NAME Albert Asel Armstrong(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Beaufort, S.C.(13) OCCUPATION Machinist(20) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Leila Feise Brandt(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION House - wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 3:24 P.M.(23) (Signature) G. G. G. M. D.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 277 King St.

Given name added from a supplemental report

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

(27) Filed 9/19/22 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.

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File No. — For State Registrar Only

20225 1355

Registered No. (For use of Local Registrar)

St.;

Ward)

If child is not yet named make supplemental report as directed

DATE OF BIRTH

(Name) (Month) (Day) (Year)

BIRTH

(Name) (Month) (Day) (Year)

MOTHER.

NAME BEFORE MARRIAGE

PRESENT POSTOFFICE OF MOTHER

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

Number of children born to mother, including present birth

I hereby certify that I attended the birth of this child, who was

on the date above stated.

(Signature)

State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

Witness

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

Filed

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.

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