CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 3340

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....
or
Inc. Town of .....
or
City of Charleston S.C. (No. 560 Rutledge St.; 12 Ward)

Registration District No. 9A Registered No. 182 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 30th 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Edward Carnes

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Summerville S.C.

(13) OCCUPATION Tram dispatcher

(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Johanna Rosalie Wigger (Richter)

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [signature]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: 334 Meeting St.

Given name added from a supplemental report .....

..... 19 ....
Registrar

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

(27) Filed 2/25 1922 (28) [signature]

*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.

fifth month of pregnancy.

Filed

Registrar.