

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

10372

Registration District No. 909

Registered No. 72

(For use of Local Registrar)

St. Ward

## (2) Full Name of Child

Halter Fiddie Jr

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Age at birth

3 years

(7) DATE OF BIRTH

April 15 1922

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

FATHER

MOTHER

(8) FULL NAME

Halter Fiddie

(14) NAME BEFORE MARRIAGE

Mary Elizabeth Dwyer

(9) PRESENT POSTOFFICE OF FATHER

North Charleston SC

(15) PRESENT POSTOFFICE OF MOTHER

North Charleston SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Moncks Corner

(18) BIRTHPLACE

Charleston SC

(13) OCCUPATION

Spinner Arkibos Rubber

(19) OCCUPATION

Domestic

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

3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. N. H. Hall

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 15 1922

(28)

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.

Register