

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**588**

or  
Inc. Town of ..... Registration District No. 9 A Registered No. 170  
(For use of Local Registrar)  
or  
City of Charleston, S.C. (No. Riverside Infirmary St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Edward Roscoe North  
(9) PRESENT POSTOFFICE OF FATHER 53 Pitt St, Chas. S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE New York City.  
(13) OCCUPATION Cashier.  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Heloise Mellicham  
(15) PRESENT POSTOFFICE OF MOTHER 53 Pitt St. Charleston, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Weldon, N.C.  
(19) OCCUPATION Housewife.  
(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 Alive at birth) at 3:40 P.M. on the date above stated. (Hour AM or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)  
(27) Filed 2/5 1922 (28) J. Mendenhall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
MARGIE GREEN, MOTOR MENDING.  
McCar. of Columbia.