

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 or  
 the Town of Charleston

## CERTIFICATE OF BIRTH

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

File No.—For State Register Only

37767 X

Registration District No. 4008 Registered No. 318  
 (For use of Local Registrar)  
 City of ..... (No. .... 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 John Geyanewager If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH Nov 18 28  
 (Name of Month) (Day) (Year)

## FATHER

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) AGE AT LAST BIRTHDAY

(Years)

(10) BIRTHPLACE

(11) OCCUPATION

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

## MOTHER

(13) NAME BEFORE MARRIAGE

(14) PRESENT POSTOFFICE OF MOTHER

(15) COLOR OR RACE

(16) AGE AT LAST BIRTHDAY

(Years)

(17) BIRTHPLACE

(18) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) .....

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Give name added from a supplemental report

(24) Witness

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

(25) Signed

Nov 23 28

(26) Signed

Mrs. C. F. Parker

(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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