

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or

City of Charleston S.C.

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

(2) Full Name of Child Herbert Mack

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 One(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 25, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Mack(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Director(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Crawford(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:57 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Howard(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife 52 Ash St.

Given name added from a supplemental report

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

(27) Filed 9/27 19 22 Registrar W. M. L.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29266

Registration District No. 9A Registered No. 1403

(For use of Local Registrar)

(No. 263 St. Philip St. St.; Ward)3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth One(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 25, 22
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