

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29255

County of

Township of

or

Inc. Town of

City of Charleston

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

Registration District No. 9 ARegistered No. 1392

(For use of Local Registrar)

St. Ward)

2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 12 22

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

FATHER

(8) FULL NAME Frederick Washington Jaques(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Cottageville S.C.(13) OCCUPATION Boilermaker(20) Number of children born to mother, including present birth Third

MOTHER

(14) NAME BEFORE MARRIAGE Seneva Lee Kizer(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE St. George S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1035 P on the date above stated. (Born alive or stillborn) (Hour & M. of P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charleston S.C.

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/25/22 (28) J. Mercier, Jr. M.D. Local Registrar

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.