

PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
City of Beaufortor
City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

Registered No. _____
(For use of Local Registrar)

(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 George Franklyn Fogelman, Jr. { If child is not yet named, make supplemental report as directed.BOY OR
GIRL4. Twin or
Triplet?5. Number in order
of birth6. ~~Married~~
Married?

7. DATE OF BIRTH

June 21-1922 19____
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL NAME George Franklyn FogelmanPRESENT
POSTOFFICE
OF FATHERParris Island, S.C.COLOR
OR
RACE White11. AGE AT LAST
BIRTHDAY 24

(Years)

BIRTHPLACE

Hylandale, Pa.

OCCUPATION

Baker (Marine, Parris Island, S.C.)Number of children born to
father, including present birth { one boy

MOTHER

14. NAME BEFORE
MARRIAGE Ruth Amelia Swartley15. PRESENT
POSTOFFICE
OF MOTHER Beaufort16. COLOR
OR
RACE White17. AGE AT LAST
BIRTHDAY 22

(Years)

18. BIRTHPLACE

Landsdale, Pa.

19. OCCUPATION

Housewife21. Number of children of this mother
now living, including present birth { One Boy

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 6.05 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Cecilia Brown Wilson

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Registrar Mr. Will

26. Witness

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

27. Filed _____ 19____

28. _____
Local Registrar

Registrar

Name added from a supplemental report

192____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.