

PLACE OF BIRTH

Charleston

City of

Ship of

or

Town of

or

if

Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25046

 Registration District No. 9A Registered No. 1097
 (For use of Local Registrar)

(No. Roper Hospital St.; Ward)

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

Full Name of Child Louis Kellerman If child is not yet named, make supplemental report as directed

 SEX OR AGE 4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH August 3, 1922
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

NAME Arshap Vatore Masloonian

PRESENT POSTOFFICE OF FATHER Charleston, S.C.

PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 32
 (Years) (Years)

BIRTHPLACE Armenia (14) BIRTHPLACE Armenia

OCCUPATION Ice Cream Maker (15) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 I hereby certify that I attended the birth of this child, who was... born alive..... 8:41 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Ulmer (24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed 8/4/22 (28) J. M. Green, M.D., Local Registrar

If there was no attending physician or midwife, then the father, mother, 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.

Filed 8/9, 1922 J. M. Green, M.D., Local Registrar

Registrar.