

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston, S.C.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

or
Inc. Town ofRegistration District No. 9AFile No. 32018Registered No. 1000

(For use of Local Registrar)

City of Charleston, S.C. (No. Baker Street Ward)

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

(2) Full Name of Child Elizabeth Moore If child is not yet named, make supplemental report as directed(3) SEX Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME W. M. W. Singsen

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Staten Island

(13) OCCUPATION Physician

(14) Number of children born to mother, including present birth 5

MOTHER

(15) NAME BEFORE MARRIAGE Rosa Singsen

(16) PRESENT POSTOFFICE OF MOTHER Charleston

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 30 (Years)

(19) BIRTHPLACE Charleston

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) W. M. W. Singsen(24) Street Address of Physician or Midwife 277 S. Main(25) Address of Physician or Midwife 277 S. Main

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 1/28101 23

J. M. W. Singsen

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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