

## (1) PLACE OF BIRTH

County of Charleston  
 Township of North  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 35347  
 Registered No. 87  
 (For use of Local Registrar)

Registration District No. 145 Registered No. 87  
 (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 Inf. name If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother 25 (7) DATE OF BIRTH Sept 15 1922  
 To be answered only in case of Twin or Triplet (Name of month) (Day) (Year)

FATHER (8) FULL NAME Chester Gaffalott (9) PRESENT RESIDENCE OF FATHER Int. Croghan St. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (12) BIRTHPLACE Int. Croghan St. (13) OCCUPATION Farmer  
 MOTHER (14) NAME BEFORE MARRIAGE Berth Hussiah (15) PRESENT RESIDENCE OF MOTHER Int. Croghan St. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (18) BIRTHPLACE Int. Croghan St. (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Thompson (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Ruby St.

Given name added from a supplemental report

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

(27) Filed ..... (28) R. B. Thompson 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.