(1) PLACE OF BIRTH

County of Beaufort

Township of .....

or

Inc. Town of .....

or

City of Paris Island S.C. No. .....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16788

Registration District No. 000 Registered No. 216
(For use of Local Registrar)

St.: ..... Ward)

(2) Full Name of Child Helen Doris Van ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH [illegible], 12th, 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Bernell Van

(9) PRESENT POSTOFFICE OF FATHER Paris Island S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Waterproof La.

(13) OCCUPATION Sgt. US Marine Corps

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

MOTHER.

(14) NAME BEFORE MARRIAGE Behan Evelyn Wiseman

(15) PRESENT POSTOFFICE OF MOTHER Paris Island S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Batesburg SC

(19) OCCUPATION Homestead

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3.05 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E.H. Prescott M.R. US Navy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Paris Island SC

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed 6/14 1923 (28) [illegible] Kessler
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.

[illegible] No. 1. THE OTHER, No. 2, etc., in question 5.