

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

File No.—For State Registrar Only

4001

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of North Charleston

or  
Inc. Town of .....

Registration District No. 1702

Registered No. 11  
(For use of Local Registrar)

City of .....

(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 Regina H. Anderson

If child is not yet named, make supplemental report as directed

1. SEX OF CHILD  
Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

8. FULL NAME

(14) NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

12. BIRTHPLACE

(18) BIRTHPLACE

13. OCCUPATION

(19) OCCUPATION

20. Number of children born to mother, including present birth

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Philip W. Dupont

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

1915

1915

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.