

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. M.*

Inc. Town of

City of

(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

6303

Registration District No. *2.P.9.* Registered No. *46*

(For use of Local Registrar)

(No. *6* Mile St.; Ward)(2) Full Name of Child *Adelle Karenell* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 17, 1923*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Wm. Karenell</i>	(14) NAME BEFORE MARRIAGE <i>Sarah Eddies</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Myers S. C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Myers S. C.</i>
(10) COLOR OR RACE <i>Col.</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>Col.</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(12) BIRTHPLACE <i>Moncks corner</i>	(18) BIRTHPLACE <i>Moncks corner</i>	(13) OCCUPATION <i>Common Laborer</i>	(19) OCCUPATION <i>Horse work</i>
(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>4</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5:00* A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Diana Segars*(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife

Given under oath from a registered-
midwife

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

(27) Date *Mar 31, 1923* (28) *B. F. Myers* Registrar

When child is born in a hospital or other institution, then the father, householder, etc., should make this return. It is to be reported as stillborn. No report is desired of miscarriage or death of fetus.