

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. or Town of

City of Charleston

(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 Register Only

8245

Registration District No. 9 A Registered No. 335

(For use of Local Registrar)

City of Charleston (No. 278 Coming St. Ward)

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

(2) Full Name of Child Charles Alfred Folsberg Jr.(3) SEX Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE Feb 13 23

(Name of Month) (Day) (Year)

(8) FULL NAME Charles Alfred Folsberg (9) NAME BEFORE MARRIAGE Matilda Lloyd(10) PRESENT POSTOFFICE OF FATHER Charleston, SC. (11) PRESENT POSTOFFICE OF MOTHER Charleston(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 30 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 25(16) BIRTHPLACE Mich. (17) BIRTHPLACE Charleston, S.C.(18) OCCUPATION Auto Mechanic (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Thorne, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 11 Westmore St.

(Given name added from a supplemental report)

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

(27) Filed 7/20 1923 (28) J. Mearns Green 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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