

PLACE OF BIRTH
County of Charleston

Township of _____
or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9a

FILE No.—For State Registrar Only

29271

Registered No. 1408

(For use of Local Registrar)

(No. 49 1/2 Sheppard St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
FULL NAME OF CHILD Edna Ruth Perry

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

Boy or Girl girl If Plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate _____ 8. Date of birth Sept. 10 1923
(Month, day, year)

FATHER Full name Edward F. Perry 18. Full maiden name Florence Holmes
19. Residence (usual place of abode) city (If nonresident, give place and State)

Color or race col. 12. Age at last birthday 35 (Years) 20. Color or race col. 21. Age at last birthday 33 (Years)

Birthplace (city or place) Charleston, S.C. (State or country) Charleston, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. at Home

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 5 (c) Stillborn 4

If stillborn, period of gestation _____ { months _____ weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated (Born alive or stillborn)

(Signed) _____ M. D. or Sis Williams Midwife

Address 21 E. St.

Filed 9/26 1923 Emma B. Piquette Registrar

supplemental report _____ (Date of) _____ Registrar _____

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

WYATT appeared before me, Irma C. Peggall, a Notary Public
of South Carolina, Lorance Perry, who, being duly sworn, deposes
that HE is a resident of the City of Charleston, County and State
of South Carolina; that HE is the HUSBAND of Edna Mae Perry, who was
born on Sept. 10, 1922 in the City of Charleston, State and County
of South Carolina; that SHE has given the answers as set forth on the Attached
Return of Birth, and that the same are true and correct.

Lorance Perry L.S.

HE to before me this

4th day of Sept, A.D. 1930

Irma C. Peggall

Notary Public, S.C. by commission expires at the will of the
Governor.

Form No. 6	Signature of witness necessary only when question 23 is signed by mother
Notary Public	9/26/30
19	(27) Filed
Registrar	Local F
When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.	

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

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File No.—For State Registrar Only

29271

1408

Registration District No. 9 A Registered No. 1408

For use of Local Registrar

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

Full Name of Child Bdnu Penny If child is not yet named, make supplemental report as directed

OR girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sep 10 19 22
 To be answered only in event of Twin or Triplets (Name) (Month) (Day) (Year)

FATHER

NAME Edward Penny
 PLACE OF BIRTH Charleston SC
 COLOR Colored (11) AGE AT LAST BIRTHDAY 39 (Years)
 BIRTHPLACE Charleston SC
 OCCUPATION Butcher

MOTHER

(14) NAME BEFORE MARRIAGE Florence Flemons
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Charleston SC
 (19) OCCUPATION own house keeper
 (21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) alnd(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 2166 St

in nurse added from a supplemental report

(26) Witness Ed Williams (Signature of Witness necessary only when question 23 is signed by marks)(27) Filed 9/26 19 22 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.