

(1) PLACE OF BIRTH

County of Charleston, S.C.

Township of

or
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

Registration District No. 9 A

File No.—For State Registrar Only

10281569

Registered No.

(For use of Local Registrar)

St.: Char. Ward 82) Full Name of Child John L. B. Bess, Jr.

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

BOY OR

(4) Is he or Triplet?(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH April 19, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) Full Name Leonard Clifford Rappley(9) Present Postoffice of Father Charleston, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Mass.(13) OCCUPATION Shiptonman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Albertain West(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 4:45 P.M. (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Char.Given name allied from a supplemental report

(26) Witness

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

(27) Filed 4/27/22

(28)

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.