

## (3) PAGE OF BIRTH

## CERTIFICATE OF BIRTH

County of Charleston  
 Township of Charleston

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Hospital Only

3105

Ina. Town of ..... Registration District No. 9 A Registered No. 243  
 or .....  
 City of Charleston (No. 90 Since ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Middleton

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

(1) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-7-23  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME George Middleton

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Louise Boston

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE - (17) AGE AT LAST BIRTHDAY 2 (Years)

(18) BIRTHPLACE Housesw Charleston

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn)

(23) (Signature) [Signature]  
 (24) State where South Carolina (25) As per [Signature]

Given name and date of suppression of report

[Signature]  
[Signature]

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

(27) Filed 7/23/23 (28) [Signature]

When the child is born in a hospital or institution, then the father, householder, etc., should make this return. If a child is born at home and is reported as stillborn, no report is desired of stillbirths before the 10th month of pregnancy.