(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3135

9A

Registration District No. ..... Registered No. 210
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 109 Hanover St.; ..... Ward)

(2) Full Name of Child Baby Stella Karrison If child is not yet named, make supplemental report as directed

(3) SINGLE, TWIN, TRIPLET?	(4) [illegible]	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
			Yes	Feb. 28 '23

FATHER.

(8) FULL NAME George A. Karrison

(9) PRESENT POSTOFFICE OF FATHER 109 Hanover St

(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Charleston S.C

(13) OCCUPATION Taxi Driver

(14) Number of children born to mother, including present birth 1st Child

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Stevens

(15) PRESENT POSTOFFICE OF MOTHER 109 Hanover St

(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Charleston S.C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:20 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife 583 King St

Given name added from a supplemental report

...., 191....

..... Registrar

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

(27) Filed 3/3 1923 (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.