

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BOUN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Mount Pleasant
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25284

Registration District No. 912 Registered No. 13
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Birth Elizabeth Lossart

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

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Lossart
(9) PRESENT POSTOFFICE OF FATHER Mount Pleasant
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years) (12) BIRTHPLACE Constantinople Turkey
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Emma Kumpfer
(15) PRESENT POSTOFFICE OF MOTHER Mount Pleasant
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years) (18) BIRTHPLACE Albany N.Y.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. J. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 1115 Washington St.

Given name added from a supplemental report

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

(27) Filed Sept 1 1922 (28) Chas. A. ... 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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