

1. PLACE OF BIRTH

County of **Charleston**

Township of _____

or Inc. Town of _____

City of **Charleston**

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

2. FULL NAME OF CHILD

CERTIFICATE OF BIRTH
STATE OF WEST VIRGINIA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only
35116

Registration District No. **0A**Registered No. **1704**

(For use of Local Registrar)

(No. **Mercy Hospital**

St. _____ Ward)

Minnie Kuhlend Behrens

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

1. **BOY OR GIRL** **Girl** 2. **Twin or Triplet?** _____ 3. **Number in order of birth** _____ 4. **Are Parents Married?** **Yes** 5. **DATE OF BIRTH** **NOV. 8th, 1923** 6. **(Name of Month)** **(Day)** **(Year)**

To be answered only in event of Twins or Triplets

FATHER

8. **FULL NAME** **John E. Behrens**9. **PRESENT POSTOFFICE OF FATHER** **527 Rutledge Ave.**10. **COLOR OR RACE** **White** 11. **AGE AT LAST BIRTHDAY** **54** 12. **(Years)**12. **BIRTHPLACE** **S.C.**13. **OCCUPATION** **Rural Officer**14. **Number of children born to mother, including present birth** **4**

MOTHER

14. **NAME BEFORE MARRIAGE** **Minnie Denson**15. **PRESENT POSTOFFICE OF MOTHER** **527 Rutledge Ave.**16. **COLOR OR RACE** **White** 17. **AGE AT LAST BIRTHDAY** **37** 18. **(Years)**18. **BIRTHPLACE** **S.C.**19. **OCCUPATION** **Wife**20. **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 **born alive** at **8 P.M.** on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)

23. **Signature** *J. M. Green*24. **State whether Physician or Midwife** **Physician**25. **Address of Physician or Midwife** **City**

Given name added from a supplemental report

26. **Witness**

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

27. **Filed** **Nov. 22, 1923** **J. M. Green, M.D.****Corrected Jan. 29th, 1930****Local Registrar**

When there was no attending physician or midwife, then the father, husband, or mother, or other person, must sign this certificate. If a child is born even once, it must not be reported as stillborn.