

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For this register only  
**32112**

Inc. Town of ..... Registration District No. 9 Registered No. 1704  
or Charleston (No. Mercy Hospital) (For use of Local Registrar)  
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. Philip Schneider If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 9</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel Schneider</u>			(14) NAME BEFORE MARRIAGE <u>Pauline Heller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>32 Spring ST Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>32 Spring ST Charleston S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Prussia</u>			(18) BIRTHPLACE <u>Newark N.J.</u>	
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 3:00 P.M. on the date above stated.

(23) (Signature) Dr. Pearson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 371 King St. Charleston

Given name added from a supplemental report

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

(27) Filed 27 1922 (28) Dr. Pearson

\*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.