

(1) PLACE OF BIRTH

County of Charleston
 Township of Christ Church
 or
 Inc. Town of

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

No. 16054

Registration District No. 901 Registered No. 70
 (For use of Local Registrar)

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

(2) Full Name of Child Edgar Frank (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Male</u>	(4) Type or Name <u>To be determined by order of birth</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Aug 11 1923</u>
(7) FATHER <u>Frank</u>		(8) MOTHER <u>Emma Brown</u>	
(9) PRESENT RESIDENCE OF FATHER <u>1111 Pleasant St.</u>		(10) PRESENT RESIDENCE OF MOTHER <u>1111 Pleasant St.</u>	
(11) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>40</u>	(13) COLOR OR RACE <u>Colored</u>	(14) AGE AT LAST BIRTHDAY <u>30</u>
(15) BIRTHPLACE <u>Charleston S.C.</u>		(16) BIRTHPLACE <u>Charleston S.C.</u>	
(17) OCCUPATION <u>Harmon</u>		(18) OCCUPATION <u>Home Wife</u>	
(19) Number of children born to mother, including present birth <u>Three</u>		(20) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Charlotte G. G.

(23) State whether Physician or Midwife Midwife

(24) (Signature of Registrar) Edgar Frank

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(26) (Signature of Registrar) Edgar Frank

(27) Date Aug 11 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.