

(1) PLACE OF BIRTH

County of Charleston

Township of _____

Inc. Town of _____

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

10297

Registration District No. 95

Registered No. 587

(For use of Local Registrar)

(No. 181 Westabette St. or other address) (Ward)

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

(2) Full Name of Child Beatrice Ruth

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

(3) SEX OR
SIRE

(4) Time
of Birth

(5) Number in
order of birth

(6) Are
Parents
Married

(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

Andrew Ruth

(9) PRESENT
POSTOFFICE
OF FATHER

Charleston

(10) COLOR
OR
HAIR

Black

(11) AGE AT LAST
BIRTHDAY 39
(Year)

(12) BIRTHPLACE

St. Louis

(13) OCCUPATION

Inspector

MOTHER

(14) NAME BEFORE
MARRIAGE

Eliza Wright

(15) PRESENT
POSTOFFICE
OF MOTHER

Charleston

(16) COLOR
OR
HAIR

Black

(17) AGE AT LAST
BIRTHDAY 36
(Year)

(18) BIRTHPLACE

St. Louis

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 12:30 on the date above stated. (Born live or stillborn) Hour - M. or P. M.)

(22) (Signature)

State whether Physician or Midwife

(23) Address of Physician or Midwife

Alma Burson
Midwife
115 Short St.

Given name spelled (from hospital report)

(24) Witness

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

4/18/22

J. Mercier

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 reports desired of stillbirths before the fifth month of pregnancy.