

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registrar Only

454

73

County of

Township of

City or Town of

City of Charleston

Registration District No.

9 A

Registered No.

(For use of Local Registrar)

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

Full Name of Child

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

(1) SEX OF CHILD Boy (2) Type or Feature To be governed only in event of Twins or Triplets (3) Number in order of birth 1st (4) Age Parents Married Yes (5) DATE OF BIRTH Jan 1, 1923 (Month of Month) (Day) (Year)

FATHER.

MOTHER.

(1) FULL NAME Hampton E. L. Dorris (14) NAME BEFORE MARRIAGE Pauline Murphy(2) PRESENT RESIDENCE OF FATHER 269 St Philip St (15) PRESENT RESIDENCE OF MOTHER 269 St Philip St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Columbia S.C. (19) BIRTHPLACE Berkeley County(20) OCCUPATION Auto Mechanic (21) OCCUPATION Domestic(22) Number of children born to mother, including present birth 2 (23) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was Alive 7:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Charles D. Richmond(26) State whether Physician or Midwife (27) Address of Physician or Midwife 535 Ridge Ave.

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary when question 24 is answered "Stillborn") 1/12/23(29) Filed 1/12/23 (30) 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.