

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

OR

Inc. Town of .....

OR

City of Charleston S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41349

2016

Registered No. ....  
(For use of Local Registrar)

Registration District No. ....

9A

(No. 113 Logan St.)

St.; ..... Ward)

(2) Full Name of Child

Elizabeth Elaine Hartley

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth One

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH. Dec. 1<sup>st</sup> 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James E. Hartley

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Salvations Army Chaplain

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte S. Brown

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Howard

(24) State whether

Physician or Midwife

midwife

(25) Address of Physician or Midwife

5-2 Ash St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/19

1922

Local Registrar.

\*When there was no attending physician or midwife, then the father, household, 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 4

Registration District No. \_\_\_\_\_

Primary Reg. District No. \_\_\_\_\_

STATE OF SOUTH CAROLINA  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CR 9/20/50

Supplemental Report of Births

Place of Birth { City or Town Charleston  
Street and House No. 115 Loogan St  
Township of \_\_\_\_\_  
County Charleston

File Number\* \_\_\_\_\_

Registered Number\* 2016 -

SEX OF CHILD\* Female Twin,\* Triplet, or Other? } and { Number\* in order of birth

DATE OF BIRTH\* Dec. 16 1922  
Month Day Year

FATHER  
FULL NAME James E. Hartley

MOTHER  
FULL MAIDEN NAME Charlotte T. Brown

\*These items to be entered by the Registrar before giving out this form.

I HEREBY CERTIFY that the child described herein  
been named:

Thelma Bunnic Hartley  
Given name in full Surname

as reported by Charlotte E. Hartley  
Father or Mother

(Signed) [Signature]  
Local Registrar