

CERTIFICATE OF BIRTH

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

File No. - for State Register Only
19202

PLACE OF BIRTH

County of Charleston
City of Charleston
or
Town of

Registration District No. 4002 Registered No. 60
(For use of Local Registrar)

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

(1) Full Name of Child Annabel Waller Phillips Hyst If child is not yet named, make supplemental report as directed

(2) SEX OR ONLY Female (3) Date of Birth 6/23/22
(4) Type or Triplet - (5) Number in order of birth 7 (6) Age at Birth 45
To be answered only in case of Twins or Triplets

FATHER.
(7) Full Name Frank Hyst
(8) Present Postoffice of Father 1 Centre R. D. 2
(9) Color or Race white (10) Age at Last Birthday 37
(11) Birthplace Missouri CO
(12) Occupation farmer
(13) Number of children born to mother, including present birth 1

MOTHER.
(14) Name before Marriage Edie Samuels
(15) Present Postoffice of Mother 1 Centre R. D. 2
(16) Color or Race white (17) Age at Last Birthday 35
(18) Birthplace Missouri CO
(19) Occupation housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) A. C. Smith (23) Address of Physician or Midwife Charleston
(24) State whether Physician or Midwife Physician

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(26) Filed July 10 1923 (27) Local Registrar Mrs. J. C. White

*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.
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