

(1) PLACE OF BIRTH

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

No. 540-For this register only
540

County of

Township of

Inc. Town of

Registration District No. **9A** Registered No. **167**
 (For use of Local Registrar)City of **Charleston S.C.** (No. **74** from S.C. St.) Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child **John Allen Cordery** If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male	(4) Type of Birth Normal To be reported only in case of Twin or Triplet	(5) Number in order of birth 1	(6) Age at Birth Yes	(7) Date of Birth January 20, 1925 (Month of Month) (Day) (Year)
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FATHER.(8) FULL NAME **John Allen Cordery**(9) PRESENT POSTOFFICE OF FATHER **Charleston S.C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **49**
 (Year)(12) BIRTHPLACE **Beaufort S.C.**(13) OCCUPATION **Sergeant Police Dept.**(14) Number of children born to mother, including present birth **14****MOTHER.**(14) NAME BEFORE MARRIAGE **Mari T. Green**(15) PRESENT POSTOFFICE OF MOTHER **Charleston S.C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **24**
 (Year)(18) BIRTHPLACE **Charleston S.C.**(19) OCCUPATION **Home Duties**(20) Number of children of this mother now living, including present birth **14****CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**(21) I hereby certify that I attended the birth of this child, who was **Born alive** at **2:10 PM.**
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether **Physician** or **Midwife**

(24) Address of Physician or Midwife

Mrs. J. H. Green 106 Leitchman St.

Given name added from a supplemental report

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

(26) Filed **2/5** **J. H. Green** 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.

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