

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or Inc. Town of

City of *Charleston*

(If birth occurs in a hospital or other institution, give name 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

88724

Registration District No. *9A* Registered No. *1406*
(For use of Local Registrar)

(2) Full Name of Child *Rosa Lee Gieschen* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *December 13, 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Gieschen*

(9) PRESENT POSTOFFICE OF FATHER *Charleston*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (Years)

(12) BIRTHPLACE *Germany*

(13) OCCUPATION *Clerk*

(20) Number of children born to mother, including present birth } *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jemie Lent*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38* (Years)

(18) BIRTHPLACE *Winstanburg, O. C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth } *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:20* P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *R. W. Nephth, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Roper Hospital

Given name added from a supplemental report
..... 191.....
Registrar

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

(27) Filled *12/18* 191*6* (28) *J. M. ... M.D.* 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.

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RECEIVED AT THE OFFICE OF THE STATE REGISTRAR OF BIRTHS AND DEATHS, CHARLESTON, SOUTH CAROLINA, ON DECEMBER 13, 1916, AT 10:30 A. M.