

(1) PLACE OF BIRTH
County of Charleston
Township of

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

File No.—For State Registrar Only

20268

1405

Inc. Town of Registration District No. 9A Registered No.
(For use of Local Registrar)
City of Charleston (No. 1) Harmon Lane Inf. 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 Theresa Elizabeth Kahn If child is not yet named, make supplemental report as directed

3. SEX OF CHILD Girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? ✓ (7) DATE OF BIRTH Sept. 17, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Alfred Joseph Kahn

9. PRESENT POSTOFFICE OF FATHER Charleston, S.C.

10. AGE 26 (11) AGE AT LAST BIRTHDAY 26
OR RACE White (Years)

12. BIRTHPLACE White

13. OCCUPATION House painter

14. Number of children born to father, including present birth First

MOTHER.

(14) NAME BEFORE MARRIAGE Vivienne Laracey

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Charleston, S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:40 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

Mrs. B. Woodward

11/1/43
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) Woodward Green M.D.

(27) Filed 9/26/22 (28) 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.