

(3) PLACE OF BIRTH

County of Charleston

Township of

or
Ina. Town ofor
City of Charleston

(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 Register Only

3150

233

Registration District No. 9-A

Registered No.

(For use of ...)

2) Full Name of Child Herman Christian Embury(1) BOY OR
GIRL?(4) Twin
or Triplet? X(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE
BIRTH Feb. 22, 1928

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHerman Christian Embury(9) PRESENT
POSTOFFICE
OF FATHER#12 Beauvais(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY36
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Salesman(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEMary Chloé Torrance(15) PRESENT
POSTOFFICE
OF MOTHER#12 Beauvais(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY26
(Years)

(18) BIRTHPLACE

Roanoke, Virginia

(19) OCCUPATION

House wife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:12 P.M.
on the date above stated. (Born alive or unborn) (Hour A. M. or P. M.)(23) (Signature) M. H. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ulcer name added from a supplement-
tal report

(26) Witness

(Signature of Witness, necessary only
when question 25 is stated in negative)J. M. ...1/26/28

Local Registrar

When there was no attending physician or midwife, the mother or father, if present, should make this return. If
a child is born dead, the mother or father should make this return.