

PRINTED PLAINLY, WITH UNFADING INK—THIS IS A PREPARATION SPECIALLY DESIGNED FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD, AND MARK THE DATE OF BIRTH OF THE CHILD IN THE SPACE PROVIDED FOR THAT PURPOSE. IN QUESTION 1, THE OFFICIAL, NO. 1, THIS OFFICIAL, NO. 2, ETC., IN QUESTION 1.

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL Girl

(4) Twin or Triplet? —

(5) Number in order of birth —
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 3 1922
(Name of Month) (Day) (Year)

(8) FULL NAME Joseph Sahl

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE Russia

(13) OCCUPATION Manager Auto Washing Co

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Wolff

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

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Russia

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Emilia at 6:15 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(27) Filed 2/11 1922 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.

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

File No.—For State Registrar Only
3464

Registration District No. 9A Registered No. 317
(For use of Local Registrar)

(No. 174 King St. Ward)

If child is not yet named, make supplemental report as directed