

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of Charleston (No. 137 Tracy)

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

2) Full Name of Child

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20254

1391

Registration District No. 9 Registered No. 1391
(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 22 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ralph Edward Lopez
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Pinelead S.C.
(13) OCCUPATION Pipe Fitter S
(14) Number of children born to mother, including present birth Third

(14) NAME BEFORE MARRIAGE Leona Eugenie Douglas
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Bloomington Ga
(19) OCCUPATION Wife
(20) Number of children of this mother now living, including present birth Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as shown alive or stillborn) (Hour A. M. or P. M. 7:45 A.M.)
on the date above stated.

(23) (Signature) L. H. Thompson
(24) Date Sept 11 1922 (25) Address of Physician or Midwife Physician Charleston S.C.

Given name added from a supplemental report

100

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
9/25/22 J. M. Mendenhall
(27) Filed 9/25/22 J. M. Mendenhall
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.