

(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

25054

Inc. Town of Registration District No. 2A Registered No. 1107
 or
 or
 City of Charleston (No. 8 Echmeyer St. (For use of Local Registrar)
 Birth occurs in a hospital or other institution, give name of same instead of street and number.)

2 Full Name of Child Rufus Moultrie If child is not yet named, make supplemental report as directed.

3 BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 17 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Rufus Moultrie

9 PRESENT POSTOFFICE OF FATHER Charleston

10 COLOR OR RACE P (11) AGE AT LAST BIRTHDAY 41 (Years)

12 BIRTHPLACE St Andrews Parish

13 OCCUPATION Farmer

14 Number of children born to mother including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Brown

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE St Andrews Parish

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 11 50 a.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 615 E. 1st St.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 8/8 22 (28) [Signature] 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.

Filed 8/9 1922 [Signature] Registrar

Registrar.