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

(1) PLACE OF BIRTH
County of _Charleston_

Township of _"   "_
or
Inc. Town of _"   "_
or
City of _Charleston_

Registration District No. _9A_

(No. _32 Mary St_ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76043

Registered No. _1039_
(For use of Local Registrar)

(2) Full Name of Child _Albert C. Krantz_

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

(3) BOY OR GIRL? _Boy_

(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 _Sept 29, 1916_
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME _Alfred R Krantz_

(9) PRESENT POSTOFFICE OF FATHER _32 Mary St_

(10) COLOR OR RACE _White_

(11) AGE AT LAST BIRTHDAY _36_ (Years)

(12) BIRTHPLACE _Charleston SC_

(13) OCCUPATION _Engineer Fire Dept_

MOTHER.

(14) NAME BEFORE MARRIAGE _Louise Krause_

(15) PRESENT POSTOFFICE OF MOTHER _32 Mary St_

(16) COLOR OR RACE _White_

(17) AGE AT LAST BIRTHDAY _24_ (Years)

(18) BIRTHPLACE _Charleston SC_

(19) OCCUPATION _Housewife_

(20) Number of children born to mother, including present birth { _2_

(21) Number of children of this mother now living, including present birth { _2_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _alive_ at _4.45_ M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife _Physician_

(25) Address of Physician or Midwife _Chas SC_

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 _10/2_ 191_6_ (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 before the fifth month of pregnancy.