

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*or
Inc. Town of *Charleston*or
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 Registrar Only

29245

Registration District No. *9 A*Registered No. *1370*
For use of Local Registrar(No. *Mercy Maternity* St.; *Ward*)(2) Full Name of Child *Elma Greenberg*

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

(3) BOY OR GIRL *Girl*(4) Twin or Triplets? *✓*

To be answered only in event of Twins or Triplets

(5) Number In order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept 15-2*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Isadora Greenberg*(9) PRESENT POSTOFFICE OF FATHER *179 S. Philip St Clev*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Poland*(13) OCCUPATION *Clothing Business*(20) Number of children born to mother, including present birth *13*(14) NAME BEFORE MARRIAGE *Mollie Reznick*(15) PRESENT POSTOFFICE OF MOTHER *179 S. Philip St Clev*(16) COLOR OR RACE *White*(18) BIRTHPLACE *Poland*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Sept 15 1922* at *2 P.M.* (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *John Eastman*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *371 King St. Charleston*

Given name added from a supplemental report

(26) Witness *Elmer Greenberg*

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

(27) When *9/20/22*(28) At *Charleston*

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 ninth month of pregnancy.