

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Charleston S.C.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25065

Township of .....

or Inc. Town of .....

Registration District No. 9 ARegistered No. 1120or City of Charleston S.C.(No. St. Francis Huberman Charleston)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Daniel Ebenett Jr.

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

3) BOY OR GIRL?

(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH 8/21

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

M. Daniel Ebenett

9) PRESENT POSTOFFICE OF FATHER

Charleston

10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 34

(Years)

12) BIRTHPLACE

Charleston

13) OCCUPATION

Curing Maker

14) Number of children born to mother including present birth

one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Marie Guffy

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:45 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State where Physician or Midwife (25) Address of Physician or Midwife

Charleston 277 Calhoun St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/3191

(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 of stillbirths before the fifth month of pregnancy.