

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

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

Charleston (No. *55 Columbus* St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

76028

Registration District No.

Registered No. *1021*

(For use of Local Registrar)

(2) Full Name of Child

Grace Hazel Huzog

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

(3) SEX OR

Girl

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

Sept. 23, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Audolph Francis Huzog(9) PRESENT
POSTOFFICE
OF FATHER*Charleston S.C.*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*38*

(Years)

(12) BIRTHPLACE

Lee

(13) OCCUPATION

R.R. Conductor(20) Number of children born to
mother, including present birth*4*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Ann C. Steeing*(15) PRESENT
POSTOFFICE
OF MOTHER*55 Columbus St.*(16) COLOR
OR
RACE*White*(17) AGE AT LAST
BIRTHDAY*36*

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

L. A. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician 217 Meeting St.*Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

1916

(28)

J. Mercier Green M.D.
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.