

(1) PLACE OF BIRTH

County of Charleston.....Township of Charleston.....

or

Inc. Town of...Charleston..

or

City of...Charleston.....(No. 130 St. Philip St. St.; Ward)

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

17895

Registration District No. 9 FRegistered No. 877

(For use of Local Registrar)

(2) Full Name of Child Isabell May Comar.....

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

3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

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 June 9 1933

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Edward James Comar

9) PRESENT POSTOFFICE OF FATHER

New York

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

12) BIRTHPLACE

Charleston S.C.

13) OCCUPATION

Auditor

14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Isabell Mc Donald

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive..... at 3:45 P.M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Comar

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

4 Vanderhorst St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/12/33

(28) 19

June 12 1933

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.

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