

Vol 36

1. PLACE OF BIRTH
Township of **Charleston**
County of _____
or
Inc. Town of _____
or
City of **Charleston**

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. **9A**

FILE No.—For State Registrar Only
29214

Registered No. **1349 Cr.**
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
City of **Charleston** (No. **70 Bull St.** St. _____ Ward _____)

2. FULL NAME OF CHILD **Alice Irene Pyatt** {If child is not yet named, make supplemental report as directed}

3. Boy or Girl **Girl** If Plural Births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? **Yes** 8. Date of birth **Sept. 14, 1922** (Month, day, year)

9. Full name **FATHER**
Alonzo Pyatt

18. Full maiden name **MOTHER**
Elisa Maybank

10. Residence (usual place of abode) **Charleston, S.C.** (If nonresident, give place and State)

19. Residence (usual place of abode) **Charleston, S.C.** (If nonresident, give place and State)

11. Color or race **Co. 1** 12. Age at last birthday **26** (Years)

20. Color or race **Col.** 21. Age at last birthday **25** (Years)

13. Birthplace (city or place) **Charleston, S.C.** (State or country)

22. Birthplace (city or place) **Georgetown, S.C.** (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Porter**

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 19 _____

25. Date (month and year) last engaged in this work _____ 19 _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **2** (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **5 A.** on the date above stated (Born alive or stillborn)

(Signed) _____, M. D.
or **Philippa Swine**, Midwife

Address **8 Montague St.**

Filed **9/16/22**, 19 **J. M. Green, M. D.** Registrar

Cor. 9/26/20 Emma C. Pagnall.

sub Reg.

Registrar.

(Date of)

OCCUPATION

OCCUPATION

CORRECTED

of each, in order of birth, stated.
(See Instructions on Back of Certificate)
N. 11.—In case of more than one child, state name of each, in order of birth, stated.
(See Instructions on Back of Certificate)
GARY PRINTING CO., COLUMBIA, S. C.

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Standard Certificate

STATE OF SOUTH CAROLINA

Vol 96

for Stat

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PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public

for South Carolina, Eliza Pyatt, who being duly sworn says and deposes that she is the mother of Alice Irene Pyatt who was born in the City of Charleston, on Sept. 14th, 1922: that the name of the child, the mother's maiden name and the spelling of the father's name is incorrect: that the midwife is dead that she has given the correct information on the attached return of birth and that same is true and correct.

Eliza Pyatt

SWORN to before me this

24th day of September, A.D. 1930

Emma G. Pregnall
Notary Public, S.C.

(27) Filed 1930.9.191. (28)

Registrar

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.

PLACE OF BIRTH

of Charleston
 of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29214

Registration District No. A

Registered No. 1343

(For use of Local Registrar)
 birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Name of Child Addell Piatt

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

(4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1912
 (Name of Month) (Day) (Year)

FATHER.

Alonza Piatt

Charleston

(11) AGE AT LAST BIRTHDAY 26 (Years)

negro

Charleston

Poter

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Bank

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION house keeper

children born to including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was born alive or stillborn at 5 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Philipa Piatt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 8 Montague St

added from a supplemental report

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

(27) Filed 9/16/12 (28) J. M. Green Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If he breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.