

(1) PLACE OF BIRTH

County of

Charleston SC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

11

Inc. Town of

11

City of

Charleston

Registration District No.

(No. *63 George*)

Registered No.

1083

(For use of Local Registrar)

(2) Full Name of Child

Infant of Maggie Louise Casper

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 5, 1912

FATHER.

(8) FULL NAME

Herbert Casper

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Charleston SC

(13) OCCUPATION

Carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Louise

(15) PRESENT POSTOFFICE OF MOTHER

Charleston SC

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Charleston SC

(19) OCCUPATION

Laundress

(20) Number of children born to mother, including present birth

3

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *10:00 P.M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

E. J. Anderson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

City Hospital

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

10/9

191

(28)

J. Mercer

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.

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Registrar

Filed *10/31*19 *12*

Corrected

JAN 20 1940

LEON RANDY, M.D.

REGISTRAR