

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Int. Town of .....

City of Charleston

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

(2) Full Name of Child William Southwell Emerson (No. 164 Ashley Ave St. Ward)

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

(3) SEX ORG  
CHILD Boy(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be numbered only in event of Twin or Triplets(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTHApr 8, 1894  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEErnest Karas(9) PRESENT  
POSTOFFICE  
OF FATHER164 Ashley Ave(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY33  
(Years)

(12) BIRTHPLACE

Greece

(13) OCCUPATION

Store Keeper(14) Number of children born to  
mother, including present birth4

## MOTHER.

(14) NAME BEFORE  
MARRIAGESiddons Reno(15) PRESENT  
POSTOFFICE  
OF MOTHER164 Ashley Ave(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY28  
(Years)

(18) BIRTHPLACE

Greece

(19) OCCUPATION

Housework(21) Number of children of this mother  
now living, including present birth3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from supplemental report)

(26) Witness

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

(27)

H. J. MorganWhen there was no attending physician or midwife, the father, householders, 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 fourth month of pregnancy.