

(1) PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17874

Only

Township of

Inc. Town

City of

Registration District No.

Registered No.

851

(For use of Local Registrar)

City of Charleston, S.C. 769 Meeting St. (No. of house or other institution, give name of same instead of street and number.)

2) Full Name of Child

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

3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Boy

To be answered only in event of twins or triplets

2

Yes

June 16, 1923

FATHER.

MOTHER

9) FULL NAME

George Henry Theiling

(14) NAME BEFORE MARRIAGE

Cecilia Maria Theilbuhl

10) PRESENT POST OFFICE

Charleston, S.C.

(15) PRESENT POST OFFICE OF MOTHER

Charleston, S.C.

11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

30

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

12) BIRTHPLACE

Charleston, S.C.

(18) BIRTHPLACE

Germany

13) OCCUPATION

Mechanic Helper

(19) OCCUPATION

Home doctor

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

Two (2)

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

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child who was born at 10:00 P.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

65 Legare St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/23/23

(28)

J. M. Meritt, Jr.

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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