

CORRECTED

# 1. PLACE OF BIRTH

County of Charleston

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of Charleston

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

# 2. FULL NAME OF CHILD

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9-A

FILE No.—For State Registrar Only

41278

Registered No. 119/1921

(For use of Local Registrar)

(No. 15 Savage St. St. \_\_\_\_\_ Ward)

GEORGE OLIVER LARSEN, JR.

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

3. Boy or Girl Boy 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? YES 8. Date of Birth December 20 19 22 (Month, day, year)

9. Full name FATHER  
George Oliver Larsen

18. Name before marriage MOTHER  
Margaret Holtslander

10. Residence (mailing address) (If non-resident, give place and State) 15 Savage St.

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11. Color or race white 12. Age at last birthday 27 (Years)

20. Color or race white 21. Age at last birthday 17 (Years)

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

22. Birthplace (city or place) (State or country) Charleston  
S.C.

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

23. Trade, profession, or particular kind of work done, as house-keeper, 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 \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_

Specify any physical deformities of child at birth \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 6 A. m. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) John J. Schwabe, M.D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address 59 11th Street

Filed 12/23, 19 22 J. M. Green, M.D.

Registrar.

Corrected: JUN 24 1940 LEON B. KNOX