

## (1) PLACE OF BIRTH

County of .....

Township of Charleston

Incl. Town of .....

City of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17842

Registration District No. 9 A Registered No. 812

For use of Local Registrar

(2) Full Name of Child Baby Geneva Niclaus If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6. 16. 22 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Guise Niclaus (14) NAME BEFORE MARRIAGE Edw. Gadsden(9) PRESENT POSTOFFICE OF FATHER Charleston (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Edisto Island (18) BIRTHPLACE Edisto Island(13) OCCUPATION Lab (19) OCCUPATION Dom(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Geo. J. Kennedy

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6/19/22 (28) J. J. Niclaus 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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