

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

6867

482

County of .....

Township of .....

Inc. Town of .....

City of .....

Registration District No. 9 A

Registered No. ....

(For use of Local Registrar)

St. ... Ward

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

2) Full Name of Child *Teresa Selma Jaworski*

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

(3) ~~BOY~~  
GIRL?(4) Twin  
or Triplet? *X*(5) Number in  
order of birth

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married? *Yes*(7) DATE OF BIRTH *March 3rd 1922*

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL  
NAME*Frank Henry Jaworski*(14) NAME BEFORE  
MARRIAGE*Miss Mary Dege*(9) PRESENT  
POSTOFFICE  
OF FATHER*117 Fifth Avenue St.  
Charleston S.C.*(15) PRESENT  
POSTOFFICE  
OF MOTHER*117 Fifth Avenue St.  
Charleston S.C.*(10) COLOR  
OR  
RACE*white*(11) AGE AT LAST  
BIRTHDAY*30*

(Years)

(16) COLOR  
OR  
RACE*white*(17) AGE AT LAST  
BIRTHDAY*27*

(Years)

(12) BIRTHPLACE

*New York City*

(18) BIRTHPLACE

*Newark N.J.*

(13) OCCUPATION

*Steamfitter*

(19) OCCUPATION

*Wife*(20) Number of children born to  
mother, including present birth*4th*(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 *Alive* at *7:55 A.M.*  
on the date above stated. *born alive or stillborn* (Hour A.M. or P.M.)(23) (Signature) *Frederick Wilson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *3/10**1922*(28) *Frederick Wilson*

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