

(1) PLACE OF BIRTH

County of ...Charleston...

Township of

Inc. Town of

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 Fulton.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17878

Registration District No. 9A

Registered No. 855

(For use of Local Registrar)

(No. 35 Perry Street.....

St.;.....Ward)

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

3. SEX OF CHILD
Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH JUNE 14 1922

(Name of Month) (Day) (Year)

FATHER.

Robert Fulton Poston

City

(8) AGE AT LAST BIRTHDAY 27

(Years)

Charleston, S.C.

Engineer

(9) Number of children born to mother including present birth

3

MOTHER.

(10) NAME BEFORE MARRIAGE

Iona Abramson

(11) PRESENT POSTOFFICE OF MOTHER

City

(12) COLOR OR RACE

White

(13) BIRTHPLACE

City

(14) OCCUPATION

Housewife.

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was alive at 3:30.....P.....M..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Masquell

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

M.D.

187 Calhoun

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 6/21 1922

(28) 181

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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