

## (1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

or

Inc. Town of .....

or

City of Charleston S.C.

(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

17869

Registration District No. .... Registered No. .... 846

(For use of Local Registrar)

(No. Mercy Maternity Hospital Ward)(2) Full Name of Child Elizabeth Wells Comar (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Enile Michael Comar(9) PRESENT POSTOFFICE OF FATHER 413 Charlotte St. Charleston(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Bookkeeper(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Florence Miner(15) PRESENT POSTOFFICE OF MOTHER 24 B. Charlotte St. Charleston(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Pittsfield Mass.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive June 16-1923 at 3:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Green M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(27) Filed 6/20 19 23 (28) J. M. Green M.D. 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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