

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity 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

10275

Registered No. 563
(For use of Local Registrar)Registration District No. 9.A

(No. 135 Columbia ...)

9. Ward

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

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 6, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Alexander McPhee
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Canton, Ga
(13) OCCUPATION Manager, Bank
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Victoria Sanders
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3 (Years)
(18) BIRTHPLACE Lawrence, S.C.
(19) OCCUPATION Wife
(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 Born alive at 4:10 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
J. R. Powell

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Charleston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/14/22(28) J. R. Powell19
Registrar

When there was no attending physician or midwife, then the father, householders, 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.