

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
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

27414

Registration District No. 9A

Registered No.

(For use of Local Registrar)

No. 240 St PhilipSt. 9 Ward)(2) Full Name of Child Virgil Wilson Inabinette

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 16 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Emanuel P. Inabinette

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 43

(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Car Inspector

(14) Number of children born to mother, including present birth

Five

MOTHER

(15) NAME BEFORE MARRIAGE

Roula Boule Browning

(16) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 32

(Years)

(19) BIRTHPLACE

Charleston, S.C.

(20) OCCUPATION

Wife

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

Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 12 23 A.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Dr. J. P. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Charleston, S.C.

Given name added from a supplemental report

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(26) Witness

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

(27) Filed 10/10 1913(28) Registrar J. M. Wilson

\*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.