

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity 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

71775

Registration District No. 4ARegistered No. 909

(For use of Local Registrar)

City of Charleston (No. 40 1/2 Congress St.; Ward)(2) Full Name of Child John Henry Rannell If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE
BIRTHAug 31 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJohn H. Rannell(9) PRESENT
POSTOFFICE
OF FATHERCharleston SC(10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY 24
(Years)

(12) BIRTHPLACE

Charleston SC

(13) OCCUPATION

Teacher(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEAnna Boney(15) PRESENT
POSTOFFICE
OF MOTHERCharleston SC(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

St Louis MO

(19) OCCUPATION

at home(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 10 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sarah W. Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife
1072Given name added from a supplement-
tal report

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Registrar

(26) Witness

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

(27) Filed

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(28)

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. 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.

McGraw-Hill Book Co. 1221 Avenue of the Americas, New York 10, N. Y. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.