

1. PLACE OF BIRTH
County of Charleston

Township of _____
or
Inc. Town of _____
or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9A

FILE No.—For State Registrar Only

29200 A

Registered No. 1455A

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
2. FULL NAME OF CHILD Ethel Viola Debar

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

3. Boy or Girl Girl 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimate? Yes 8. Date of birth Sept. 24 1922
(Month, day, year)

9. Full name FATHER
Jessie Debar

10. Full maiden name MOTHER
Rosa Rouse

11. Residence (usual place of abode)
(If nonresident, give place and State) City

12. Residence (usual place of abode)
(If nonresident, give place and State) City

13. Color or race Col. 14. Age at last birthday ? (Years)

15. Color or race Col. 16. Age at last birthday 22 (Years)

17. Birthplace (city or place)
(State or country) Charleston, S.C.

18. Birthplace (city or place)
(State or country) Mt. Pleasant, S.C.

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housemaid

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. A.C.L. Rwy.

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

23. Date (month and year) last engaged in this work _____ 19____
24. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated
(Born alive or stillborn)

(Signed) _____, M. D.

or Martha Robinson, Midwife

Address Calhoun St.

Filed 9/22/30, 19 Emma G. Fregnall

Registrar.

sub- Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____
supplemental report _____
(Date of) _____

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON (

PERSONALLY appeared before me, Emma G. Pregnall, a Notary Public

of South Carolina, Rosa Debar who, being duly sworn, says:-

~~XXX~~
that SHE is a resident of the City of Charleston, County and State

~~XXX~~
aforesaid: that SHE is the MOTHER of Ethel Debar who was

~~XXXXX~~
born on Sept. 24th, 1922 in the City of Charleston, State and County

aforesaid: that SHE has given the answers as set forth on the ~~Attached~~
HE

Return of Birth, and that the same are true and correct.

L.S.

Rosa Debar

SEEN to before me this

22nd, 1930 day of September A.D. 1930

Emma G. Pregnall

Notary Public, S.C. My commission expires at the will of the
Governor.

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

(27) Filed 9/13 19 30 (28) W. M. M. M. M.

Local Regl

When there was no attending physician or midwife, then the father, householder, etc., should make this report
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.