

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

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

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Registration District No. 9A

File No. — For State Registrar Only

80552

File No. — For State Registrar Only

80551

Registered No. 1150
(For use of Local Registrar)

St.; Ward) 6
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Irene Violet Parkstone,

(3) BOY OR GIRL?
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(No. Month) Oct. 23, 1916

(8) FULL NAME Charles V. Parkstone,

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White

(12) BIRTHPLACE

(13) OCCUPATION

Post-man

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

1

(14) NAME BEFORE MARRIAGE

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(18) BIRTHPLACE

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) (Signature) Charles V. Parkstone (Born alive or stillborn) born alive

(24) State whether Physician or Midwife

M.D.

(25) Address Charleston S.C.

(Hour) 5:45 P.M.

(Physician or Midwife)

(26) Witness

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

(27) Filed

1916

(28)

J. Mercer's Green
Local Registrar

return If ore the

Given name added from a supplemental report

191

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.