

(1) PLACE OF BIRTH

County of Charleston

Township of

In. Town of

City 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 Register Only

3231

Registration District No.

Registered No.

321

(2) Full Name of Child

James

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

(1) SEX girl	(2) Type or Triplet? X	(3) Number in order of birth X	(4) Are Parents Married	(5) DATE OF BIRTH Feb. 5, 1921
FATHER.			MOTHER.	
(6) FULL NAME <u>Carl William Theodore Proulx</u>			(10) NAME BEFORE MARRIAGE <u>Mary Mand Mahy</u>	
(7) PRESENT RESIDENCE OF FATHER <u>436 Hunger St. Charleston S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>436 Hunger St. Charleston S.C.</u>	
(8) COLOR OR RACE <u>white</u>	(9) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(12) COLOR OR RACE <u>white</u>		
(13) BIRTHPLACE <u>Charleston S.C.</u>		(14) BIRTHPLACE <u>Charleston S.C.</u>		
(15) OCCUPATION <u>Insurance & Coach for bitade</u>		(16) OCCUPATION <u>Wife</u>		
(17) Number of children born to mother, including present birth <u>1</u>		(18) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was Born alive 4:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(20) (Signature) W. H. Hines

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

M.H.721 N. 2nd St.When name added from a supplement-
al report

(23) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(24) Filed 7/1673

(25)

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.

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