

PLACE OF BIRTH
Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No. For State Registrar Only

48300

City of

Town of

Charleston

Charleston

Bureau of Vital Statistics
State Board of Health

Registration District No. 9A

Baker Sanatorium

Registered No. 1041-219

(For use of local registrars)

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD

Edmund Allen Armstrong

Boy or Girl ☒ Boy ☐ Girl If Plural ☐ 4. Twin, triplet, or other ☐ 5. Premature ☐ 6. Acc Parents ☐ Date of Birth Feb. 13, 1916

FATHER Charles Armstrong MOTHER Theresa Loventhal

Residence (usual place of abode) U.S.N. Matronila Cuba Rutledge Ga

Color or race White 12. Age at last birthday 36 20. Color or race White 21. Age at last birthday 26

Birthplace (city or place) Switzerland 22. Birthplace (city or place) Norfolk, Va.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S.N. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19 17. 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

18. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

19. If stillborn, period of gestation { months weeks } 20. 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 5:50 P.M. on the date above stated.

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

(Signed) J. M. Green, M.D.

CHARLESTON, S. C. Midwife

Give name added from a supplemental report.

Address 72 Wentworth St.

Filed 3/2/16 19 J. M. Green, M.D.

Regist. 11/27- E. H. Howard, M.D.