Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only: 10389-A

Registration District No. _____ Registered No. _____ (For use of Local Registrar)

(No. North State Lumber Co. St.; Ward)

1. PLACE OF BIRTH
County of Charleston
Township of Charleston
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Charles Benjamin Pugh (If child is not yet named, make supplemental report as directed)

3. Boy or Girl: B. | If Plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature 40 Full term 44 | 7. Legitimate? Yes | 8. Date of birth April 16th 1922 (Month, day, year)

FATHER

9. Full name: Ulmer Benjamin Pugh
10. Residence (usual place of abode) (If nonresident, give place and State): North State Lbr Co.
11. Color-or-race: W | 12. Age at last birthday: 34 (Years)
13. Birthplace (city or place) (State or country): North Carolina
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber Inspector
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw Mill
16. Date (month and year) last engaged in this work: April 1922 19 _____ | 17. Total time (years) spent in this work: all life

MOTHER

18. Full maiden name: Anna Teresa Oschau
19. Residence (usual place of abode) (If nonresident, give place and State): Chas Co.
20. Color or race: W | 21. Age at last birthday: 19 (Years)
22. Birthplace (city or place) (State or country): Charleston S.C.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
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): 7 (a) Born alive and now living: 7 (b) Born alive but now dead: 0 (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 alive (Born alive or stillborn) at 3:30 P. M. on the date above stated

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

Child's name added from supplemental report _____ (Date of)

(Signed) M. L. Moore, M. D.
or Physician _____, Midwife
Address Charleston

Filed _____, 19 _____

Registrar. _____ Registrar.