

(1) FRANCHISE NUMBER

CERTIFICATE OF BIRTH

3184

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of 11

9 A

Inc. Town of 11Registration District 11Registered No. 256

(For use of Local Registrar)

City of 11(No. 11)Ward 11

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

(2) Full Name of Child Walter Dune Hubbard

If not yet named, make

(For use of Local Registrar)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>✓</u> To be answered only in event of Twin or Triple	(5) Number in order of birth <u>✓</u>	(6) Date of Birth <u>Feb 7 1923</u>
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FATHER		MOTHER	
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(8) FULL NAME OF FATHER <u>Robert Cordley Kalsow</u>	(9) FULL NAME OF MOTHER <u>Mary Will Carter</u>
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(10) PRESENT RESIDENCE OF FATHER <u>Charleston S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Charleston S.C.</u>
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(12) COLOR OF FATHER <u>White</u>	(13) AGE AT LAST BIRTHDAY OF FATHER <u>37</u>	(14) COLOR OF MOTHER <u>White</u>	(15) AGE AT LAST BIRTHDAY OF MOTHER <u>25</u>
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(16) BIRTHPLACE OF FATHER <u>Charleston S.C.</u>	(17) BIRTHPLACE OF MOTHER <u>Union S.C.</u>
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(18) OCCUPATION OF FATHER <u>R.R. Engineer</u>	(19) OCCUPATION OF MOTHER <u>Hom.</u>
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(20) Number of children born to father, including present one <u>5</u>	(21) Number of children of this mother, including present one <u>4</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (born alive or stillborn) (Hour A. M. or P. M.) 11:30 A.M. on the date above stated.

(23) (Signature)

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

Given under oath and a subscription

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 2/12 1923

If the attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.