

(1) PLACE OF BIRTH

County of **Charleston**

Township of

Inc. or 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

File No.—For State Registrar Only

6130

Registration District No. **9A**Registered No. **349**

(For use of Local Registrar)

(No. **S.F.A. Infirmary**)(St. **Oba A.** Ward)(2) Full Name of Child **Herman Christian Grube**

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplets

(6) Are Parents Married?

Yes(7) DATE OF BIRTH **February 22, 23**

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Herman Christian Grube

(14) NAME BEFORE MARRIAGE

Mary

(9) PRESENT POSTOFFICE OF FATHER

City

(15) PRESENT POSTOFFICE OF MOTHER

City

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

City

(18) BIRTHPLACE

Roanoke, Va.

(13) OCCUPATION

Salesman

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **12:55 A.M.** on the date above stated.
(Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **J. L. Wagner**

(24) State whether Physician or Midwife

187 Calhoun**M.D.**

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

101

(28) **J. M. Morris****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.

Registrar