

PLACE OF BIRTH

City of Charleston
 Township of
 or
 Town of
 or
 of Charleston

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

File No. — For State Registrar Only
20251

Registration District No. 9 A Registered No. 1387
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Full Name of Child William Cohely (No. 107 Union St.; Ward)

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

BY OR MRL? B (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Y (7) DATE OF BIRTH Sept. 17 1922
 (Name of Month) (Day) (Year)

FATHER.
 FULL NAME Joe Cohely
 PRESENT POSTOFFICE OF FATHER 107 Union
 COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 30 (Years)
 BIRTHPLACE Labor, S. C.
 OCCUPATION Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Marah Holmes
 (15) PRESENT POSTOFFICE OF MOTHER 107 Union
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic

Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Martha Robinson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 52 Calhoun

name added from a supplemental report
L. A. River, M.D.
5719/144 19 22
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/23 19 22 (28) W. H. Rivers 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.