

(1) PLACE OF BIRTH

County of

Township of

Inc. 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

38104

Registration District No. 9 ARegistered No. 1000

(For use of Local Registrar)

(2) Full Name of Child.

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 3 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER	
(8) FULL NAME <u>William Henry Hogan</u>			(14) NAME BEFORE MARRIAGE <u>Blanche Marie Stone</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(18) BIRTHPLACE <u>Salkehatchie, S.C.</u>	
(13) OCCUPATION <u>Steward</u>			(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 4:52 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston, S.C.

(Given name added from a supplemental report)

(26) Witness

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

Registrar

(27) Filed

(28)

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.