

(1) PLACE OF BIRTH

County of Charleston

Township of St. Phillips

Inc. Town of St. Michaels

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
71850

Registration District No. 909 Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child Baby Girl Suerette

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 28 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Charles C. Suerette

(14) NAME BEFORE MARRIAGE Miss Magdalena Redinger

(6) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Hamburg, Germany

(18) BIRTHPLACE Philadelphia Pa.

(13) OCCUPATION Merchant

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) F. A. S. P. (Ravens) M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 136 Tadd Street

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed Aug 31 1916 (28) C. F. Myers 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.

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FORM NO. 6. MAILED IN REGULAR ORDER. WHEN FILLING IN THIS FORM USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF TWINS OR TRIPLETS IN THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.