

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

In 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 Register Only

32016

2) Full Name of Child Mattie Sugrater

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

(1) SEX Female (2) Age 4 (3) DATE OF BIRTH Nov. 21 (4) PLACE OF BIRTH Charleston(5) FATHER'S FULL NAME James Sugrater(6) PRESENT POSTOFFICE OF FATHER 33 Kennedy Court Charleston SC(7) COLOR OR RACE Col. (8) AGE AT LAST BIRTHDAY 30 (9) BIRTHPLACE James Island SC(10) OCCUPATION Laborer(11) Number of children born to mother, including present birth 2(12) MOTHER'S FULL NAME Mattie Fayer(13) PRESENT POSTOFFICE OF MOTHER 33 Kennedy Court Charleston SC(14) COLOR OR RACE Col. (15) AGE AT LAST BIRTHDAY 30 (16) BIRTHPLACE Kanawha, A.C.(17) OCCUPATION Lab. Domestic(18) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(20) (Signature) Robert H. Hargrave(21) State whether Physician or Midwife (22) Address of Physician or Midwife Charleston SC

Given name and address from a supplemental report

10.15.14.2M.B. Woodward, M.D.

Registrar

(23) Witness Robert H. Hargrave

(Signature of Witness necessary only when question 20 is signed by mother)

(24) Date 11.27.23(25) J. M. Hargrave

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 children born the first month of pregnancy.

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