

(1) PLACE OF BIRTH

County of *Charleston*

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

27485

Registration District No. *9A*

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

*Boy**Robert Herkstatt**Washington**not married*

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(4) Twin or Triplet

To be answered only in case of Twins or Triplets

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(8) Are Parents Married

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(7) DATE OF BIRTH

9-22-23

(Name of Month) (Day) (Year)

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MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Washington

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

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

(24) State whether Physician or Midwife

Physician

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(25) Address of Physician or Midwife

Robert Herkstatt

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(26) Witness

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(27) Filed

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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.)

FIRST-BORN No. 1 THE OTHER No. 2, etc., in question 1

BUREAU OF VITAL STATISTICS, COLUMBIA S. C.