

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Middle
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2240

Registration District No. 3620 Registered No. 7
 (For use of Local Registrar)

(No. _____) St. _____ Ward _____
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Samuel Shuler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 20, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Shuler
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 56 (Years)
 (12) BIRTHPLACE Orangeburg, S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Pearley Bowman
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Orangeburg Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sophy Berry
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)
 (27) Filed John H. 22 (28) November 22 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.

B-10-In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

REPRODUCED FROM: COLUMBIA, S. C.