

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

PLACE OF BIRTH
CharlestonStandard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State House of Representatives
Registration District No. 9AFILE No. 100-100000-100000
11976

City of

or

Town of

or

City of

FULL NAME OF CHILD

Milton S. Stoppelbein

Registered No. 880

Date of Birth

June 1st, 1925

Boy or Girl

Boy

If Female

Maiden

4. Twin, triplet, or other

5. Number in order of birth

6. Forename

Full name

7. Legit.

Yes

8. Date of Birth

June 1st, 1925

9. Place of Birth

Charleston, S.C.

Full name

FATHER

William E. Stoppelbein

10. Full name

MOTHER

Irene H. H. H.

Residence (usual place of abode)

(If nonresident, give place and date)

60 E. Congress S.

11. Residence (usual place of abode)

(If nonresident, give place and date)

60 E. Congress S.

Color or race

White

12. Age at last birthday

27

(Years)

13. Color or race

White

14. Birthplace (city or place)

(State or country)

15. Age at last birthday

27

(Years)

Birthplace (city or place)

(State or country)

S.C.

16. Trade, profession, or particular kind of work done, as salesman, lawyer, bookkeeper, etc.

17. Industry or business in which work was done, as oil mill, sawmill, bank, etc.

18. Date (month and year) last engaged in this work

19. Total time (years) spent in this work

20. Total time (years) spent in this work

21. Total time (years) spent in this work

22. Total time (years) spent in this work

23. Total time (years) spent in this work

24. Total time (years) spent in this work

25. Total time (years) spent in this work

26. Total time (years) spent in this work

27. Total time (years) spent in this work

28. Total time (years) spent in this work

29. Total time (years) spent in this work

30. Total time (years) spent in this work

31. Total time (years) spent in this work

32. Total time (years) spent in this work

33. Total time (years) spent in this work

34. Total time (years) spent in this work

35. Total time (years) spent in this work

36. Total time (years) spent in this work

37. Total time (years) spent in this work

38. Total time (years) spent in this work

39. Total time (years) spent in this work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

BORN ALIVE

(Born alive or dead)

(Signed)

J. H. H. H.

or

Address

Charleston, S.C.

Phd. June 1st, 1925

J. H. H. H.

J. H. H. H.

J. H. H. H.

J. H. H. H.

J. H. H. H.

J. H. H. H.

When there was no attending physician or midwife, then the father, grandfather, etc., should make this return.

Given name added from a supplemental report

(Date of)

Signature

1 over

4/2/31