

MARGIN RESERVED FOR FINDING.

WRITE:

N. B.—In case of 1

OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the

DEPARTMENT OF CALIFORNIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Orangeburg  
Township of Land  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St. .... Ward)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 1a.—For State Registrar Only  
4800

Registration District No. 3418 Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child Leah Shuler (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 11, 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Jack Shuler</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Shuler</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Parler S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Parler S C</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>S C</u>			(18) BIRTHPLACE <u>S C</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Shuler  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parler S C

Given name added from a supplemental report

(26) Witness a. c. Dantley  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 15, 1923 (By) W. A. Dantley 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.