

FORM NO. 2  
MAILED IN REGISTERED FOR BIRTH RECORDING  
WHICH PLAINED. WITH UNFOLDING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
McGraw of Columbia.

(1) PLACE OF BIRTH

County of Orangeburg.....  
Township of Rocky Hill S

or  
Inc. Town of  
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 3609... Registered No. 107...  
(For use of Local Registrar)

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**50129**

(2) Full Name of Child, Viola E. Shuler

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?  
No  
To be answered only in case of Twins or Triplets

(5) Number in order of birth  
1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 29 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

McIntosh E. Shuler

(9) PRESENT POSTOFFICE OF FATHER

Rocky Hill S

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

Rocky Hill S

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Viola McIntosh

(15) PRESENT POSTOFFICE OF MOTHER

Rocky Hill S

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

McIntosh S

(19) OCCUPATION

Home wife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Jan 29/16 at 4 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Stephen P. Ryan M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3-12-1916

(28)

S. J. McEary  
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.

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