

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING 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.

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

(1) PLACE OF BIRTH  
County of Georgetown  
Township of .....  
or  
Inc. Town of .....  
or  
City of Georgetown (No. Prince) St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 21-A Registered No. 108  
(For use of Local Registrar)

(2) Full Name of Child Henry James Schurel If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**85675**

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 19 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Schurel</u>			(14) NAME BEFORE MARRIAGE <u>Luna Clayton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>	
(10) COLOR OR RACE <u>leol</u>	(11) AGE AT LAST BIRTHDAY <u>?</u> (Years)	(16) COLOR OR RACE <u>leol</u>	(17) AGE AT LAST BIRTHDAY <u>?</u> (Years)	
(12) BIRTHPLACE <u>Waccamaw</u>			(18) BIRTHPLACE <u>Georgetown</u>	
(13) OCCUPATION <u>Mill Hand</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 O'clock P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Bess Lavalle  
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Nov 21 1916 (28) At Wesley 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.