

Form No. 1

(1) PLACE OF BIRTH

County of St. LawrenceTownship of East

Inc. Town of.....

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3802

File No.—For State Registrar Only

37462Registered No.....
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child William Henry Fuch

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>14</u> <u>10</u> <u>29</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Fuch(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Richland Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Plummer(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Richland Co(19) OCCUPATION farming(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Richland Co S.C. on the date above stated.(23) (Signature) Dr. Richard A. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Richland Co

Given name added from a supplemental report

(26) Witness Wife R 2 Oct 27
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 19 (28) 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.

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 2.

Bureau of Columbia, Columbia, S. C.