

TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
County of Charleston STATE OF SOUTH CAROLINA.
Township of Charleston Bureau of Vital Statistics
Inc. Town of Registration District No. 4008 State Board of Health
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
42940

Registered No. 350
(For use of Local Registrar)

(2) Full Name of Child William Hummuth If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>2. 21. 24</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>William Hummuth</u>		(9) NAME BEFORE MARRIAGE <u>William Hummuth</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(12) COLOR OR RACE <u>W</u>		(13) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(14) BIRTHPLACE <u>NC</u>		(15) COLOR OR RACE <u>W</u>		
(16) OCCUPATION <u>mill st</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(18) Number of children born to mother, including present birth <u>3</u>		(19) BIRTHPLACE <u>NC</u>		
(20) Number of children of this mother now living, including present birth <u>2</u>		(21) OCCUPATION <u>house st</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live, at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. Hummuth
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1-1-24 (28) Mrs. E. J. Parker
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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