

(1) PLACE OF BIRTH

County of *Harbuda*Township of *#2*

Inc. TOWN of

or

City of (No. ....) (Ward)

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

(2) Full Name of Child

*Pauline Thier*

File No. — For State Registrar Only

12743

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *3901* Registered No. *36*

(For use of Local Registrar)

(No. ....) (Ward)

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Wm. Thier*

(9) PRESENT POSTOFFICE OF FATHER

*Ridge Spring*

(10) COLOR OR RACE

*B.*

(11) AGE AT LAST BIRTHDAY (Years)

*38*

(12) BIRTHPLACE

*Coker Co., S.C.*

(13) OCCUPATION

*Farmer Laborer*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Eileen Juley*

(15) PRESENT POSTOFFICE OF MOTHER

*Ridge Spring*

(16) COLOR OR RACE

*B.*

(17) AGE AT LAST BIRTHDAY (Years)

*25*

(18) BIRTHPLACE

*Coker Co., S.C.*

(19) OCCUPATION

*Farmer Laborer H.H.W.*

(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 *Born alive* at *Ridge Spring, S.C.* on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Ridge Spring*

Given name added from a supplemental report:

*181*

Registrar

(26) Witnesses

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

(27) Filed

*May 11 1914*

(28)

*F.W. Crouch*

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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