

Form No 1.

(1) PLACE OF BIRTH

County of Beaufort

Township of Yemassee

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)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

58811

Registration District No. 1008

Registered No. 6

(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Lulu May Pooler

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 16 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Pooler

(9) PRESENT POSTOFFICE OF FATHER Haskinsville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Beaufort County

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy M. Pooler

(15) PRESENT POSTOFFICE OF MOTHER Haskinsville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Beaufort County

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. ...

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

Given name added from a supplemental report

191

Registrar

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

(27) Filed March 1914 (28) E. L. ... 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 5.

State of Columbia.