

(1) PLACE OF BIRTH

County of *Sumter*Township of *Waterloo*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19292

Registration District No. *2987*Registered No. *43*

(For use of Local Registrar)

(No.)

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

St.; Ward)

2) Full Name of Child *Oscar Strubling*

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

3) SEX *Male*(4) Twin or triplet? ☒

(5) Number in order of birth

To be answered only in event of Twins or triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 26 1929*

(Month) (Day) (Year)

FATHER.

Full Name *Oscar Strubling*3) PRESENT POSTOFFICE OF FATHER *Waterloo*4) COLOR *White*5) RACE *White*6) BIRTHPLACE *Sc*7) OCCUPATION *Farmer*Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nora Freeman*(15) PRESENT POSTOFFICE OF MOTHER *Waterloo*(16) COLOR OR RACE *White*(18) BIRTHPLACE *Sc*(19) OCCUPATION *House Keeping*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at *8/6* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. Freeman*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Waterloo*

Given name added from a supplemental report

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Registrar

(26) Witness *Sc*

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *July 10 1929*(28) *F. B. B. T. T. T.*

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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