

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.

(1) PLACE OF BIRTH

County of Charleston

Township of Sullivan's Island

Inc. Town of

City of

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

(2) Full Name of Child Julia Annalia Peterson

File No.—For State Registrar Only  
45677

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 912 Registered No. 1

(For use of Local Registrar)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 3

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 9, 1916  
(N. of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Peterson

(9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE Swiney Ill.

(13) OCCUPATION Soldier

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Fouse

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE Grid-Coldville Germany

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Roberts

(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

McClure 1916  
Urnville  
Wiley Registrar

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

(27) Filed Jan 31, 1916 (28) Leo J. Roberts 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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