

Form No. 1

## (1) PLACE OF BIRTH

County of WangueburgTownship of Providence

OF

Inc. TOWN of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36006

Registration District No. 2114 Registered No. 129

(For use of Local Registrar)

(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mannie Shuler 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 Oct. 16, 1922 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Herbert Shuler(9) PRESENT POSTOFFICE OF FATHER Parler, S. C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Wangueburg Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Moore(15) PRESENT POSTOFFICE OF MOTHER Parler, S. C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Wangueburg Co.(19) OCCUPATION Housekeeping(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 alive at 10.00 M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Lena F. Farnett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parler, 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 Oct 16, 1922 (28) D. E. Dangler 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.

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.

Bureau of Columbia, Columbia, S. C.