

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No.

No. for State Registrar Only

37070

Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD Girl	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of child at birth In months	(7) DATE OF BIRTH Oct 26 23 (Name of month) (Day) (Year)
(8) FULL NAME OF FATHER Stoker Shuler		(9) FULL NAME OF MOTHER Minnie Felder		
(10) PRESENT RESIDENCE OF FATHER Branchville SC		(11) PRESENT RESIDENCE OF MOTHER Branchville SC		
(12) COLOR OR RACE Negro	(13) AGE AT LAST BIRTHDAY 50 (Year)	(14) COLOR OR RACE Negro	(15) AGE AT LAST BIRTHDAY 21 (Year)	
(16) BIRTHPLACE SC		(17) BIRTHPLACE SC		
(18) OCCUPATION Farmer		(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 3		(21) Number of children of the mother now living, including present birth 3		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 1 23

(28)

Cheston Ott

19
Registrar

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.