

## (1) PLACE OF BIRTH

County of Charleston

Township of

or Town of

or

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

29

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

October 7th1916

(Name of Month) (Day) (Year)

(8) FULL NAME

John H. Discher

(9) PRESENT POSTOFFICE OF FATHER

City

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

City

(13) OCCUPATION

Electrician U.S. Navy Yard

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

2

(14) NAME BEFORE MARRIAGE

Maria W. Euteneier

(15) PRESENT POSTOFFICE OF MOTHER

City

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Bremen, Germany

(19) OCCUPATION

At home

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

A. W. Lehmann

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

286 Meeting

Given name added from a supplemental report

191

Registrar

(26) Witness

11/6-1916

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

(27) Filed

11/6-1916

(28)

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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File No. For State Registrar Only

80608

Only

Registrar

Ward

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1916

(Year)

M., M.)

wife

Registrar

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