

## (1) PLACE OF BIRTH

County of OrangeburgTownship of cityInc. Town of orCity of (No. .... St.; .... Ward)

(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

File No.—For State Registrar Only

74137

Registration District No. 36a Registered No. 113

(For use of Local Registrar)

(2) Full Name of Child Boy Shuler { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 19, 1916</u>
				(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME <u>Coker Shuler</u>	(14) NAME BEFORE MARRIAGE <u>Lucie Barnes</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Branchville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Orangeburg (C.) S.C.</u>	(18) BIRTHPLACE <u>Orangeburg Co.</u>
(13) OCCUPATION <u>Farmer?</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth { <u>One</u> }	(21) Number of children of this mother now living, including present birth { <u>One</u> }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Duke

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Orangeburg S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Aug 12, 1916 (28) W. H. Duke 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.

IN-ADDITION TO 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.

W. H. Duke, of Columbia.