

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of MarionInc. Town of Gayley

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17103

Registration District No. 1004Registered No. 32

(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 24, 23</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>John A. Schuler</u>		(14) NAME BEFORE MARRIAGE <u>Thelma Carter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gayley S.C. R. 1</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gayley S.C. R. 1</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>U.C.</u>		(18) BIRTHPLACE <u>Massachusetts</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. R. S. Campbell
(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife
Dr. R. S. Campbell

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/10/23 (28) R. S. Campbell
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 1.

BIOGRAPHIC COLUMBIA, COLUMBIA, S. C.