

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. 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

Pearle McNusler

File No.—For State Registrar Only

42292

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14Registered No. 87

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Pearle McNusler

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec. 28, 22
(Name of Month) Day (Year)

FATHER.

(8) FULL NAME

Bois McNusler

(9) PRESENT POSTOFFICE OF FATHER

Chunnsbra S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Fairfield County

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Mitchell

(15) PRESENT POSTOFFICE OF MOTHER

Chunnsbra S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Fairfield County

(19) OCCUPATION

worker on farm

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Eunice Gantt

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Chunnsbra 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

Jan 8

19

(28)

P. M. Haynes

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.

Form No. 1. THE OTHER, No. 2, etc., in question 5.

MEDIAN OF COLUMBIA, COLUMBIA, S. C.