

(1) PLACE OF BIRTH

County of York
 Township of Bethel

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—for State Registrar Only
16263

City of
 Town of Registration District No. 4400 Registered No. 23
 (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 Gail Huetter If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|---------------------------------|---|---|
| BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>May 23</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| FULL NAME <u>Gail Huetter</u> | | | (14) NAME BEFORE MARRIAGE <u>Lena Huetter</u> | |
| PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u> | |
| COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>37</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>37</u> (Years) | |
| BIRTHPLACE <u>Germany</u> | | | (18) BIRTHPLACE <u>Germany</u> | |
| OCCUPATION | | | (19) OCCUPATION <u>Housewife</u> | |
| Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) [Signature]
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

When name added from a supplemental report
 101
 Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by Mark)
 (27) Filed May 23 1914 (28) C. E. Ford Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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