

## (1) PLACE OF BIRTH

County of CharlestonTownship of BrooklandInc. Town of BrooklandCity of Brookland

(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

39255

Registration District No. 3102 Registered No. 117

(For use of Local Registrar)

2) Full Name of Child, Julian F. Thiel

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov. 25 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Thiel

(9) PRESENT POSTOFFICE OF FATHER

Brookland S.C.(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Carpenter

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lessie Fulmer

(15) PRESENT POSTOFFICE OF MOTHER

Brookland S.C.(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Lusk

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/25/22 (28) J. P. Lybrand

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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