

Form No 1.

(1) PLACE OF BIRTH

County of Georgetown S.C.
Township of # 3

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

85673

Inc. Town of Registration District No. 21 A Registered No. 106
(For use of Local Registrar)
or
City of Georgetown No. meeting State Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jacob Trisler } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Triplet (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 5 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Trisler

(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Waccamaw S.C.

(13) OCCUPATION Common laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Boyer

(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Waccamaw S.C.

(19) OCCUPATION Washer

(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Betty Perry

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

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 Nov 8 1916 (28) Asweley 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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.
McGaw. of Columbia.

D A K S : A F E I T Y