

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of

(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 Register Only

3168

Registered No. 246

(For use of Local Registrar)

St. 1 Word)

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

2) Full Name of Child Thomas Howard Schaffer(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth to be entered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 29 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Schaffer(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Winnipeg, Canada(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Lay Lightner(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Winnipeg, Canada(19) OCCUPATION Teacher(21) 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 at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. G. [illegible]

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

Given name added from a supplementary report

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

(27) Filed 7/13/23 J. M. [illegible] Local Registrar

When there was no physician or midwife, then the father, householder, etc., should make this return. If a child born dead, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.