

Form No. 1

## (1) PLACE OF BIRTH

County of Northern  
 Township of # 8  
 or  
 Loc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31428

Registration District No. 3406Registered No. 32  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Rebecca Kessler  
 If child is not yet named, make  
 supplemen- as directed

3 SEX OR GIRL? Female 4 Twin or Triplet? / 5 Number in order of birth / 6 Are Parents Married? Yes 7 DATE OF BIRTH Oct 12 1932  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Perrin Alexander Kessler9 PRESENT POSTOFFICE OF FATHER Savannah Ga10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)12 BIRTHPLACE Ga13 OCCUPATION Accountant & Bookkeeper20 Number of children born to mother, including present birth 1

## MOTHER.

14 NAME BEFORE MARRIAGE Bouschka M. Trumpton15 PRESENT POSTOFFICE OF MOTHER Savannah Ga16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)18 BIRTHPLACE SC19 OCCUPATION Housewife21 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 11:45 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) W. H. Russell(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Northern SC

Given name added from a supplemental report

3-6-53fw

19 Registrar

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

(27) Filed Oct 10 1932 (28) H. L. Bonlowe 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.