

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

File No.—For State Registrar Only
71027

(1) PLACE OF BIRTH,

County of Spencer
Township of Ward
or
Inc. Town of

Registration District No. 108 Registered No. 76
(For use of Local Registrar)

City of (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 Lucia Ann Stahl { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 3 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Stahl
(9) PRESENT POSTOFFICE OF FATHER Ward
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Anderson Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Miss S. Lee
(15) PRESENT POSTOFFICE OF MOTHER Wardville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Abbeville S.C.
(19) OCCUPATION Farmer's Wife
(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 8 A.M.
(Born live or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Wm. S. Rivers

(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 Aug 5 1915 (28) W. M. Dock 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. WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. REG. OF COLUMBIA, COLUMBIA, S. C.