

(1) PLACE OF BIRTH

County of Orangeburg

Township of .....

Inc. Town of Bauman

City of .....

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

**43946**

Registration District No. 3600

Registered No. 81  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Guintilla Rae Shuler

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? .....

(5) Number in order of birth .....

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 11 22

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME B. Grady Shuler

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Orangeburg Co.

(13) OCCUPATION Mail Carrier

(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bessie Secker

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Orangeburg Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. R. Black

(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 19 (28) 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.