

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 Registrar Only

91895

Registration District No.

4008

Registered No.

752

(For use of Local Registrar)

St.:

Ward)

(2) Full Name of Child

Alice May Bell Piehuff

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. 5

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Piehuff

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg R. 2 S. 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Spartanburg Co S. C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Monte Bischer

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R. 2 S. 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Spartanburg Co S. C.

(19) OCCUPATION

Housewife

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

7

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive

at

2 a

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Whitney S. C.

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

Dec 16 1916

(28)

C. F. Parker

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.

fifth month of pregnancy.

REMARKS: (For use of Local Registrar only. This space is to be filled in by the Local Registrar. It is not to be used for the purpose of making corrections to the original report.)