

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Columbia

(1) PLACE OF BIRTH County of Greene Township of Lake City 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
42792

Registration District No. 2012 Registered No. 139
(For use of Local Registrar)
(No. St.; Ward)
(2) Full Name of Child David Sauls } If child is not yet named, make supplemental report as directed

| | | | | |
|--|---|---------------------------------|---|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec. 6</u> 19 <u>35</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER (8) FULL NAME <u>Abner Sauls</u> | | | MOTHER (14) NAME BEFORE MARRIAGE <u>Florence M. Putnam</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Lake City, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Lake City, S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>18</u> (Years) | |
| (12) BIRTHPLACE <u>Lake City, S.C.</u> | | | (18) BIRTHPLACE <u>Florence Co.</u> | |
| (13) OCCUPATION <u>farmer</u> | | | (19) OCCUPATION <u>housewife</u> | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour of M. or P. M.) 1:30 P.

(23) (Signature) Adeline H. Hargrave
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness Mrs. C. D. Rollins
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 13 1915 (28) C. D. Rollins
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.

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