

## 1. PLACE OF BIRTH

County of Sumpter  
 Township of Lowndes  
 or  
 Inc. Town of German St.  
 or  
 City of German St.

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2401

FILE No.—For State Registrar Only

15220A

Registered No. \_\_\_\_\_

(For use of Local Registrar)

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME OF CHILD

Eleabeth Helen

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

3. Sex of Child

If Plural

4. Twin, triplet, or other Other

5. Premature \_\_\_\_\_

7. Legiti-

mate? Yes

8. Date of birth

May 111922

(Month, day, year)

9. Father's name

FATHER

Richard Cleburn Tuler

18. Full maiden name

MOTHER

Alma Mulligan

12. Residence (usual place of abode)

German St.

(If nonresident, give place and State)

19. Residence (usual place of abode)

(If nonresident, give place and State) German St.

11. Color or race

White12. Age at last birthday 33 (Years)20. Color or race White21. Age at last birthday 32 (Years)

13. Birthplace (city or place)

(State or country)

German St.

22. Birthplace (city or place)

(State or country)

German St.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Home

16. Date (month and year) last engaged in this work

Jan 1919

17. Total time (years) spent in this work

Life

25. Date (month and year) last engaged in this work

Now 1919

26. Total time (years) spent in this work

Life

18. Number of children of this mother

(At time of this birth and including this child) 5(a) Born alive and now living 4(b) Born alive but now dead 1(c) Stillborn None

19. If stillborn,

period of gestation

{ months

{ weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alma at German St. on the date above stated

(Born alive or stillborn)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return.

When name added from supplemental report.

(Date of)

Registrar.

(Signed) Alma Tuler

M. D.

or \_\_\_\_\_

Midwife

Address M. G. Condit St.

Filed \_\_\_\_\_

19 \_\_\_\_\_

Registrar.