

(1) PLACE OF BIRTH
 County of York
 Township of

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

File No.—For State Registrar Only
49118

or
 Inc. Town of Registration District No. 214 Registered No. 11
 (For use of Local Registrar)
 or
 City of Georgetown (No. 131 Broad 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 Charles Schneider } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1st 1916
To be answered only in case of Twins or Triplets. Name of Month (Day) (Year)

FATHER.
 (8) FULL NAME Am. Schneider
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Russia
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Fanny Lewenthal
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Georgetown S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 200 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Bell
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Georgetown

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 Feb 5 1916 (28) Ch. M. ... 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.
 Registrar Local Registrar

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