

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH ENFADING 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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Shoelaster  
Township of Cain  
OR  
Inc. Town of .....  
OR  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**34189**

Registration District No. 1701 Registered No. 18  
(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 Not named

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 23, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arlee Brunel  
(9) PRESENT POSTOFFICE OF FATHER Shoelaster S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)  
(12) BIRTHPLACE Cain County  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Larice Reiter  
(15) PRESENT POSTOFFICE OF MOTHER Shoelaster S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)  
(18) BIRTHPLACE Shoelaster Co.  
(19) OCCUPATION Housekeeper

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

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Female, at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. M. Brunel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shoelaster S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 6, 1922

(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.