

U. S.—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 6.

(1) PLACE OF BIRTH
County of Charleston
Township of
City of Charleston
(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

No. 6126
Registered No. 345
(For use of Local Registrar)

Registration District No. 9A
Ward 1
If child is not yet named, make supplemental report as directed.

(2) Full Name of Child

James Earl Kruger

(3) Sex of Child <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH (Month of Birth) <u>May</u> (Day) <u>16</u> (Year) <u>1927</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Frederick W. Kruger</u>			(14) NAME BEFORE MARRIAGE <u>Hermie Calbert</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Tracy & Davis</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tracy & Davis</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Germany</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Electrician</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John A. Wilson
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Greenland St.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by marks) <u>J. M. Green</u>
	(27) Filed <u>3/1</u> 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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