

(1) PLACE OF BIRTH  
 County of Colleton  
 Township of Seale  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**45901**

Registration District No. 1401 Registered No. 57  
 (For use of Local Registrar)  
 City of ..... (No. .... 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 Chris Stabell Geiger } If child is not yet named, make supplemental report as directed

(3) <del>BOY</del> OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 31 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Jacob Geiger</u>	(14) NAME BEFORE MARRIAGE <u>Celia Talyon</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lodge S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lodge S.C.</u>			
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>	
(11) BIRTHPLACE <u>Lodge S.C.</u>	(18) BIRTHPLACE <u>Colleton</u>			
(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>housewife</u>			
20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Stabell Geiger  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Seale 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 2/11/16 (28) J. T. Seeland 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.