

(1) PLACE OF BIRTH

County of CalletonTownship of Seile

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

45901

Registration District No. 1401 Registered No. 37

(For use of Local Registrar)

(2) Full Name of Child Char Stabell Geiger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	Take answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
				<u>Jan 31 1916</u>

FATHER.

(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(13) OCCUPATION
<u>Jacob Geiger</u>	<u>Lodge S.C.</u>	<u>Black</u>	<u>29</u>	<u>Lodge S.C.</u>	<u>farmer</u>
(20) Number of children born to mother, including present birth <u>one</u>					

MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE	(19) OCCUPATION
<u>Celia Talyon</u>	<u>Lodge S.C.</u>	<u>Black</u>	<u>26</u>	<u>Calleton</u>	<u>housewife</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 Seile on the date above stated. (Born alive or stillborn) (Hour AM or P. M.)(23) (Signature) Stabell Geiger

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Stabell Geiger

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 2/11 1916 (28) J. H. Ireland 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.

WRITING PLAINLY. WITH UNFADING 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.