

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 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

4803

Registration District No. 5614Registered No. 16
(For use of Local Registrar)

(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 Donald S. Shuler If child is not yet named, make supplemental report as directed

(3) SEX OR boy (4) Type of Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF Feb. 19, 1923
 BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse S. Shuler
 (9) PRESENT POSTOFFICE OF FATHER Vance, S. C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Year)
 (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Bryant
 (15) PRESENT POSTOFFICE OF MOTHER Vance, S. C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 31 (Year)
 (18) BIRTHPLACE Orangeburg County
 (19) OCCUPATION Housekeeping
 (20) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Kettie Cumings(23) State whether Physician or Midwife Midwife (24) Address of Physi- or Midwife Ketty Hill, S. C.

Given name added from a supplemental report

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

(26) Filed Feb. 24, 1923 (27) J. H. Dantyle 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.

MARGIN RESERVED FOR BINDING.

WRITE 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 1.

Bureau of Statistics, Columbia, S. C.