

Form No. 1.

(1) PLACE OF BIRTH

County of

Charleston

Township of

Int. Croghan

Inc. Town of

or

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 Registration

48605

Registration District No.

1405

Registered No.

20

(For use of Local Registrar)

(2) Full Name of Child

James Stancel

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

*Feb 27**1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Bennett Stancel

(9) PRESENT POSTOFFICE OF FATHER

Int Croghan S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Charleston Co S.C.

(13) OCCUPATION

Farmer

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Stancel

(15) PRESENT POSTOFFICE OF MOTHER

Int Croghan S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Charleston Co S.C.

(19) OCCUPATION

House wife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9:50 P.M.* on the date above stated. (Born, alive or stillborn) (Hour & M. of Day)

(23) (Signature)

J. F. Rivers

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Int Croghan S.C.

Given name added from a supplemental report

*James Stancel**1916**1916**1916**1916**1916**1916**1916**1916**1916**1916**1916*

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *March 8, 1916*

(28)

J. F. Rivers

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.

MADE BY REGISTERED FOR BIDDING. WHEN IN-ADVERT, WITH OUT-ADVERTING INFO—THIS IS A PERMANENT RECORD. No. 1.—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 2. City of Columbia.