

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of Dekalbor  
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

43076

Registration District No. 2701Registered No. 279  
(For use of Local Registrar)

## (2) Full Name of Child

Thrup Thuler { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 3 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

Willie Thuler

(9) PRESENT POSTOFFICE OF FATHER

Candler

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

42  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

labour

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

10

(14) NAME BEFORE MARRIAGE

MOTHER.

Eva Perry

(15) PRESENT POSTOFFICE OF MOTHER

Candler

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

38  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Willie Johnson  
Midwife Candler

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 16 1922

(28)

J. H. Wilson

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.