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(1) PLACE OF BIRTH
County of Union
Township of Princeton
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
66533

Registration District No. 4208 Registered No. 41
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Furman M. Geyer If child is not yet named, make supplemental report as directed

(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 June 11, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Furman Geyer
(9) PRESENT POSTOFFICE OF FATHER Union S.C. RFD
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Union Co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Auretta Harris
(15) PRESENT POSTOFFICE OF MOTHER Union S.C. RFD
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Union Co S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. H. Baker
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report
Nov 11, 1916
W. H. Miller
Super Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 1, 1916 (28) D. G. Ballinger 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.

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