

## (1) PLACE OF BIRTH

County of Northberry  
 Township of # 10  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

## STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**46918**

Registration District No. 34.01 Registered No. 6  
 (For use of Local Registrar)

(2) Full Name of Child Baby Schumhart If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 3rd (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 24, 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Ira Schumhart  
 (9) PRESENT POSTOFFICE OF FATHER Prosperity S.C. R.F.D.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Newberry County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Martha E. Wicks  
 (15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C. R.F.D.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Newberry County  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Prosperity on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7 A.M.  
 (23) (Signature) W. E. Schumhart  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Prosperity S.C.

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 Feb 10 1916 (28) W. E. Counts 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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THIS FORM NO. 2  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OTHER, NO. 2, ETC. IN QUESTION 5.  
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