

Form No 1.

(1) PLACE OF BIRTH

County of AndersonTownship of Parsonsor
Inc. Town ofor
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

Registration District No. 313File No. 71920 For State Registrar OnlyRegistered No. 210
(For use of Local Registrar)(2) Full Name of Child SAMUEL JULIUS SEIGLER

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Samuel Seigler</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Starr S C</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Starr S C</u>	(13) OCCUPATION <u>farmer</u>	(20) Number of children born to mother, including present birth <u>5</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Julia Mack</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Starr S C</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(18) BIRTHPLACE <u>Starr S C</u>	(19) OCCUPATION <u>housewife</u>	(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7:30 A.M.(23) (Signature) Mrs. J. E. Seigler(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Starr S C R # 2

Given name added from a supplemental report

11 39
1916
STATE Registrar

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

(27) Filed Sep 1 1916 (28) E. C. E. Lloyd
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.

WHEN 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 5.
DEPT. OF COMMERCE