

Form No 1.

(1) PLACE OF BIRTH

County of Anderson
Township of Parsons

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
71920

or
Inc. Town of Registration District No. 313 Registered No. 210
or
City of (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child. SAMUEL JULIUS SEIGLER If child is not yet named, make supplemental report as directed.

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

FATHER.

MOTHER.

(8) FULL NAME Samuel Seigler

(14) NAME BEFORE MARRIAGE Julia McGowan

(9) PRESENT POSTOFFICE OF FATHER Starr S C

(15) PRESENT POSTOFFICE OF MOTHER Starr S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Starr S C

(18) BIRTHPLACE Starr S C

(13) OCCUPATION farmer

(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

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) 7:30 AM (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. E. Seigler

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Starr S C RR 2

Given name added from a supplemental report

A. B. York
REGISTRAR

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

(27) Filed Sep 1 1916 (28) E. C. E. Lord
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 FADING 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.
SUGAR, of Columbia