

Form No. 1

## (1) PLACE OF BIRTH

County of **ORANGE** **REG. S. C.**Township of **PROVIDENCE**Inc. Town of.....  
or

(City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

**29696**Registration District No. **2614**Registered No. **78**  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child **Jallie Beatrice Shuler** child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <b>girl</b>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <b>yes</b>	(7) DATE OF BIRTH <b>Sept 26, 23</b> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME **Centis F Shuler**(9) PRESENT POSTOFFICE OF FATHER **Ellmore S. C.**(10) COLOR OR RACE **white** (11) AGE AT LAST BIRTHDAY **22**  
(Years)(12) BIRTHPLACE **ORANGE REG. S. C.**(13) OCCUPATION **Farmer**(14) Number of children born to mother, including present birth **1**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Ruth A. Dantler**(15) PRESENT POSTOFFICE OF MOTHER **Ellmore S. C.**(16) COLOR OR RACE **white** (17) AGE AT LAST BIRTHDAY **19**  
(Years)(18) BIRTHPLACE **ORANGE REG. S. C.**(19) OCCUPATION **Housewife**(20) Number of children of this mother now living, including present birth **1**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **M. A. Dantler** at **9 P. M.**,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **E. J. Goodman**(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Hally Hall S. C.**

Given name added from a supplemental report

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

(27) Filed **Sept 30, 1923** (28) **J. J. Dantler** Local RegistrarWhen 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.