

(1) PLACE OF BIRTH
County of Spaulding
Township of 1st
or
City of 1st

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

File No.—For State Registrar Only

Registration District No. 4000-9 Registered No. 32201
(For use of Local Registrar)

(No. 1 St.; 106 Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Buller

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

(3) SEX Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 1922
(Name (Month) (Day) (Year))
(8) FULL NAME OF FATHER J. T. Buller (14) NAME BEFORE MARRIAGE Ruth Gwynn
(9) PRESENT POSTOFFICE OF FATHER Windsor (15) PRESENT POSTOFFICE OF MOTHER Same
(10) COLOR OR RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE SC (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1 (21) 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 born at 1st M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. C. Moore (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lawrence

Given name added from a supplemental report

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

(27) FILED Sept 25 1922 (28) J. C. Moore 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.

Registrar _____ Local Registrar _____

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