

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

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

File No. For State Registrar Only

45877

Registration District No. 1311 Registered No. 12

(For use of Local Registrar)

2) Full Name of Child

Jack Postell

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

3) SEX OR GENDER

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 30 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

5) FULL NAME

Lonnie Postell

(14) NAME BEFORE MARRIAGE

Mary

(8) PRESENT POSTOFFICE OF FATHER

Lanham Co. D.C.

(15) PRESENT POSTOFFICE OF MOTHER

Lanham Co. D.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

7 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

7 (Years)

(12) BIRTHPLACE

Charleston Co.

(18) BIRTHPLACE

Charleston Co.

(13) OCCUPATION

Lanman

(19) OCCUPATION

Housewife

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Lanham Co. D.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Thomas C. Shuler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Box 20 Shuler, Md.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(28) Local Registrar

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.

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.

McNary, of Columbia.