

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

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. 1206 Registered No. 121

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Sarah Plyler

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Dec 3 1911

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Juba Plyler

(9) PRESENT POSTOFFICE OF FATHER

Pageland S.C.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farming

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Plyler

(15) PRESENT POSTOFFICE OF MOTHER

Pageland S.C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

(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 to on the date above stated.

th of this child, who was.

Born alive

at 6 A.M.

(Born alive or stillborn)

(Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife | Pageland

Given name added from supplemental report

(26) Witness

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

(27) Date

12/11

1911

(28)

G. W. Cunningham Jr.

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 occurring within the first month of pregnancy.