

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 PRINT-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.
 DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
 Township of Bethel
 OF
 Inc. Town of
 OR
 City of (No. Sec. Ward)

(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
9501

Registration District No. 4400 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child _____

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

(3) BOY OR GIRL? Inf (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1921
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Kuller

(9) PRESENT POSTOFFICE OF FATHER York S. C. R-8

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE D. C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE One, Glan

(15) PRESENT POSTOFFICE OF MOTHER York S. C. R-8

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE L. C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Baker

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Claver St.

Given name added from a supplemental report _____

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

(27) Filed June 21, 1921 at _____ (28) W. H. Baker 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.

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