

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PLAIN-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of York
Township of Bethel
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

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 18, 1921
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Henry Kuller (14) NAME BEFORE MARRIAGE One, Glor
(9) PRESENT POSTOFFICE OF FATHER York S. C. R-8 (15) PRESENT POSTOFFICE OF MOTHER York S. C. R-8
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(12) BIRTHPLACE D. C. (18) BIRTHPLACE L. C.
(13) OCCUPATION Framer (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth Two (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) Thos. K. Bulkin (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife over 22

Given name added from a supplemental report

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

19 Registrar

(27) File June 21, 1921 (28) 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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