

Form No. 1

## (1) PLACE OF BIRTH

County of AikenTownship of GreggInc. Town of Warrenville

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20691

Registration District No. 204 Registered No. 50

(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same, instead of street and number.)(2) Full Name of Child Rupert Olsen Seigler If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Judge Seigler(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Aiken Co(13) OCCUPATION cotton mill(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Jowers(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Aiken Co(19) OCCUPATION House wife(21) Number of children of this mother new living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. Everett Birt(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Warrenville S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 31, 1922 (28) H. H. Thurbull, Jr., M.D.  
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.

McGraw-Hill, Columbia, S. C.