

(1) PLACE OF BIRTH

County of Orangeburg
Township of City
or
Inc. Town of
or
City of Orangeburg, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

4795

Registration District No. 6

Registered No. 45
(For use of Local Registrar)

(No. 90 Whinnace)

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 Charles Henry Shuler

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

(3) BOY OR GIRL boy (4) Twin or Triplet X (5) Number in order of birth 1st (6) Are Parents Married yes (7) DATE OF BIRTH Feb 24 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Shuler
(9) PRESENT POSTOFFICE OF FATHER 40 Whinnace St
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Eunice Shuler
(15) PRESENT POSTOFFICE OF MOTHER 40 Whinnace St
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Texas
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now 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 born alive at 8:20 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Shuler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg

(Given name added from a supplemental report)

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

(27) Filed 3 (28) W. Shuler 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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