

(1) PLACE OF BIRTH

County Lancaster

Township of

Inc. Town of

City Summerville

(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

No. 24539Registration District No. 22A Registered No.
(For use of Local Registrar)(2) Full Name of Child Christina Louise

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

(3) SEX Female (4) Type or Trace Birthmark on back of neck (5) Number to order of birth 1 (6) Date Aug 22, 1923
(Name of child) (Day) (Year)FATHER Christi Schuler MOTHER Edna Schuler(7) PREVIOUS POSITIONS OF FATHER Summerville S.C. (8) PREVIOUS POSITIONS OF MOTHER Summerville S.C.(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 29 (11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 29(13) BIRTHPLACE Ohio (14) BIRTHPLACE Ruffalo N.Y.(15) OCCUPATION Mechanic (16) OCCUPATION House wife(17) Number of children born to mother, including present birth 3 (18) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was White M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(20) (Signature) Chas. M. Schuler (21) State whether Physician or Midwife (22) Address of Physician or Midwife

(Given name added from a supplemental report)

(23) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(24) Filed Sept 1, 1923 (25) Chas. M. Schuler 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.

Fifth month of pregnancy