Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66486

(1) PLACE OF BIRTH

County of Union

Township of Union

or Inc. Town of

or City of Union

Registration District No. 42-A Registered No. 92 (For use of Local Reistrar)

(No. 8 Enterprise St.; 3 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eugene Whitaker Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 7, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Eugene Whitaker	(14) NAME BEFORE MARRIAGE Louise Hughes
(9) PRESENT POSTOFFICE OF FATHER Union S.C.	(15) PRESENT POSTOFFICE OF MOTHER Union S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Raleigh N.C.	(18) BIRTHPLACE Union Co S.C.
(13) OCCUPATION Stable work	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Amanda McBeth

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed June 9 1916 (28) S G Barratt 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.

MAIL IN RESERVED FOR BINDING.
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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

BEN F. WYMAN, M.D.
STATE HEALTH OFFICER
Columbia 1, S. C.

W. L. PRESSLY, M.D. . . . . DUE WEST

E. C. RHODES, COMP. GEN. . . . . COMMISS