CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31498

(1) PLACE OF BIRTH
County of Oconee
Township of Chattooga
or
Inc. Town of ..... Registration District No. 3501 Registered No. 19
(For use of Local Registrar)
or
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. Eula { If child is not yet named, make supplemental report as directed

(3) Sex GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in case of Twins or Triplets)	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sept. 17 (Name of Month) (Day) 1912 (Year)

FATHER.

(9) FULL NAME Evan Callas

(10) PRESENT POSTOFFICE OF FATHER Mt Rest, S. C.

(11) COLOR OR RACE W (12) AGE AT LAST BIRTHDAY 43 (Years)

(13) BIRTHPLACE Anderson Co

(14) OCCUPATION Farmer

(15) Number of children born to this mother, including present birth 1 One

MOTHER.

(16) MAIDEN NAME BEFORE MARRIAGE Eva Manning

(17) PRESENT POSTOFFICE OF MOTHER Mt Rest S C

(18) COLOR OR RACE W (19) AGE AT LAST BIRTHDAY 25 (Years)

(20) BIRTHPLACE Oconee Co. S C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 1 One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 30 P. M. on the date above stated.
(Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) B. F. Swan M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: W 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 Sept 30 1912 (28) W. R. Grant 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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