

MARGIN 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.

(1) PLACE OF BIRTH

County of Abbeville  
Township of Abbeville  
OR  
Inc. Town of .....  
OR  
City of Abbeville

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**17340**

Registration District No. 1 A

Registered No. 72  
(For use of Local Registrar)

(No. Quarks 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 Eugene Enright

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? No (7) DATE OF BIRTH June 4 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eliza Enright  
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.  
(10) COLOR OR RACE Wht (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Abbeville, S.C.  
(13) OCCUPATION Labore  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Charles  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.  
(16) COLOR OR RACE Wht (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Summerville, S.C.  
(19) OCCUPATION House work  
(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 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bettie Whitmore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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

(27) Filed June 10 1922 (28) Mrs. Julia M. Allister 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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.