

(1) PLACE OF BIRTH

County of BeaufortTownship of Hiltonheador
In Town of

City of

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

Registration District No. 302 Registered No. 43
(For use of Local Registrar)

File No.—For State Registrar Only

37316

(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 Eva Guardiania

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

(3) SEX OR GENDER Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 10 1922
 (Name of Month) (Day) (Year)

FATHER**MOTHER**(8) FULL NAME UNKNOWN(14) NAME BEFORE MARRIAGE Ethel Polite

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE S. C.

(13) OCCUPATION

(19) OCCUPATION Farm Laborer(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 5 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chara A. Wright
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead, S. C.

Given name added from a supplemental report

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

(27) Filed Nov. 15 1922 (28) W. A. Brown 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.