

South Carolina State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

43710

1. PLACE OF BIRTH
 County Marble
 Village Bright Hill
 Precinct Bright Hill SE (No. 10)
 (If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD Richard Eston
 (If child is not yet named, make supplemental report, as directed)

3. Sex of child boy
 To be answered only in event of plural births.
 4. Twin, triplet, or other 1
 5. Number, in order of birth 1
 6. Parents married yes
 7. Date of birth Oct 31
 (Name of Month) (Day) (Year)

8. FATHER
 Full name Richard Eston
 14. MOTHER
 Full name Lillian Eston

9. Residence (Usual place of abode)
 If transient, give place and State Bright Hill SE
 15. Residence (Usual place of abode)
 If transient, give place and State Bright Hill SE

10. Color or race wh
 11. Age at last birthday 4-1 (Years)
 16. Color or race wh
 17. Age at last birthday 4-9 (Years)

12. Birthplace (city or place)
 (State or country) Langston SE
 18. Birthplace (city or place)
 (State or country) Langston SE

13. Occupation Farmer
 Nature of industry 10
 19. Occupation Farmer
 Nature of industry 10

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 11
 (b) Born alive, but now dead Lillian (a) Eston Lillian

21. Did you use drops in baby's eyes at birth to prevent blindness? yes
 If not, why not? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Oct 30 at 5 PM on the date above stated.
 (Born alive or stillborn) (Hour, A.M. or P.M.)

23. (Signature) Mary Mack Mirl Mirl
 (Is he/she physician or midwife?)

24. (Signature) Father Mr. Richard Eston
 (Is he/she physician or midwife?)

25. (Signature) Doctor
 (Is he/she physician or midwife?)

Given name added from supplemental report
Adams
Vestor Adams