

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5579

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 171 North Main

St.

H. 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 Franklin Arnold 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

Mch.

19

1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eugene Franklin Arnold

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(Years)

(12) BIRTHPLACE

Greenwood S.C.

(13) OCCUPATION

Ford Dealer

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucia Bles Ashmore

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

(20) 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 2:10 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Abbeville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 11, 1923 Miss Julia McAllister 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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MARGIN RESERVED FOR BINDING.

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.