

(1) PLACE OF BIRTH

County of HiltonTownship of Hamletor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1607

No. 10. - For State Registrar Only

10171

Registered No. 27
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eula Mae Stackhouse (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Type or Trade To be reported only in event of Trade or Trade (5) Date of Birth Feb 11th 23 (6) Place of Birth (Name of District) (City) (Town)

FATHER.				MOTHER.			
(8) FULL NAME	<u>Dandess Stackhouse</u>	(14) NAME BEFORE MARRIAGE	<u>Martha Taylor</u>				
(9) PRESENT RESIDENCE OF FATHER	<u>Little Rock Sc.</u>	(15) PRESENT RESIDENCE OF MOTHER	<u>Little Rock Sc.</u>				
(10) COLOR OR RACE	<u>Colored</u>	(16) COLOR OR RACE	<u>Colored</u>				
(11) AGE AT LAST BIRTHDAY	<u>21</u>	(17) AGE AT LAST BIRTHDAY	<u>17</u>				
(12) BIRTHPLACE	<u>Sc.</u>	(18) BIRTHPLACE	<u>Sc.</u>				
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>				
(20) Number of children born to mother, including present birth	<u>One</u>	(21) Number of children of this mother now living, including present birth	<u>One</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. M. M. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock Sc.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
	<u># Feb 22 1923</u>
	(27) Filed <u>Feb 22 1923</u> (28) <u>12 Hardy</u> 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.

was misplaced in the mail