

(1) PLACE OF BIRTH

County of Dorchester
 Township of Shiloh

CERTIFICATE OF BIRTH

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

File No.—For State Registration Only

64126

Inc. Town of Registration District No. 1704 Registered No. 13
 (For use of Local Registrar)
 or
 City of (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 Eveline Harley } If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ GIRL girl (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married (7) DATE OF BIRTH June 6 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. B. Harley
 (9) PRESENT POSTOFFICE OF FATHER Dorchester Se
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52 (Years)
 (12) BIRTHPLACE Dor Co
 (13) OCCUPATION Physician
 (14) Number of children born to mother, including present birth } 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bell
 (15) PRESENT POSTOFFICE OF MOTHER Dorchester Se
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Ridgville Se
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth } 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 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

Given name added from a supplemental report

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

(27) Filed June 5, 1916 (28) L. H. McKissick
 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.