

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. N.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Christenfield
Township of Chenoweth
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3669

Registration District No. 1.2.01. Registered No. 2.0
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 21 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Eastwing
(9) PRESENT POSTOFFICE OF FATHER Chenoweth SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Ellison
(15) PRESENT POSTOFFICE OF MOTHER Chenoweth SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE SC
(19) OCCUPATION Farmer Laborer
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dina(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chenoweth SC

Given name added from a supplemental report

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

(27) Filed Feb 25 19 22 (28) O. B. Ingram
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.

Registrar

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