

Form No. 1

(1) PLACE OF BIRTH

County of DorchesterTownship of Cann

or

Inc. Town of Harleyville

or

City of

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

(2) Full Name of Child Sulamya Naomi McEaster

File No.—For State Registrar Only

34175

Registration District No. 1761 Registered No. 4
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 25, 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME William McEaster(9) PRESENT POSTOFFICE OF FATHER Harleyville - S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49
(Year)(12) BIRTHPLACE Harleyville - S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Ruth McEaster(15) PRESENT POSTOFFICE OF MOTHER Harleyville - S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39
(Year)(18) BIRTHPLACE Charleston(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ruth McEaster(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harleyville - 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 Oct 29, 1922 (28) Gallen Hines 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

REG. 22-2000, Columbia, S. C.