

(1) PLACE OF BIRTH

County of Orangeburg S.C.
 Township of Providence
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

2225

Registration District No. 36.14Registered No. 13
(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 Honey Lee Eagle

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 Jan 29 1922
 To be answered only in event of Twin or Triplet (Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lyd Eagle
 (9) PRESENT POSTOFFICE OF FATHER Ellmore S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mother Schott
 (15) PRESENT POSTOFFICE OF MOTHER Ellmore S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Albino at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) Celia Eagle(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Vance S.C.

Given: name added from supplemental report

(26) Witness Lyd Eagle

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

(27) File Jan 31 1922(28) D. G. Dantley 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THIS CHILD, No. 2, etc., in question 6.