

Form No. 10. 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 N. No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Florence

Township of Four Bay

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

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

Registration District No. 2014

File No.--For State Registrar's Office
46239

Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child Chel Ecolob

If child is not named, make supplemental report as directed

(3) Boy OR
GIRL?

(4) Twin
or Triplet?

(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are yes
Parents
Married?

(7) DATE OF BIRTH Jan 28 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Anthony Ecolob

(9) PRESENT POSTOFFICE OF FATHER Bannockburn Sc.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Florence Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Chel Ecolob

(15) PRESENT POSTOFFICE OF MOTHER Bannockburn Sc.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE Florence Co

(19) OCCUPATION

(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 Chel at 9 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James B. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed Jan 30 1916 (28) D. B. Price
Registrar 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.

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