

(1) PLACE OF BIRTH

County of Hampton
 Township of Peeples
 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

30657

Registration District No. 2402Registered No. 170
(For use of Local Registrar)

(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

Ema Lee Earley

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

(3) BOY OR GIRL

Girl(4) Twin or Triplet? 1(5) Number in order of birth 2(6) Age Parents Married Yes

(7) DATE OF BIRTH

Sept 1, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Ed Earley

(9) PRESENT POSTOFFICE OF FATHER

Brunson SC

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

30
(Year)

(12) BIRTHPLACE

H. Co., SC

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Carline Earley

(15) PRESENT POSTOFFICE OF MOTHER

Brunson SC

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

27
(Year)

(18) BIRTHPLACE

H. Co., SC

(19) OCCUPATION

House work

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

2

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.alive
(Born alive or stillborn)M.
(Hour A. M. or P. M.)(23) (Signature) X

(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 22 is signed by mark)

(27) Sept 20, 22(28) W. H. Rogers

Local Registrar

19

*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 9th month of pregnancy.