

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Colleton
Township of Warren

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

45945

Inc. Town of Registration District No. 1410 Registered No. 4
(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 Eva Koger } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 23, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jasper Koger

(14) NAME BEFORE MARRIAGE Doris Maslay

(9) PRESENT POSTOFFICE OF FATHER Smoad S C

(15) PRESENT POSTOFFICE OF MOTHER Smoad S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Smoad S C

(18) BIRTHPLACE Smoad S C

(13) OCCUPATION Reinny

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(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 alive at 7 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Doris Maslay

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

Midwife Smoad

Given name added from a supplemental report

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

(27) Filed Jan 24 1916 (28) Louis C Bagley 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. THE OTHER, No. 2, etc., in question 5.
 Columbia, S. C.