

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Lowndesor  
Inc. Town of .....

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. 2401

File No.—For State Registrar Only

17028Registered No. 33  
(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Eula Lee Finney

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

(3) SEX OF CHILD <u>Female</u>	(4) Type of Birth <u>To be covered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>March 31, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Frank Finney</u>			(14) NAME BEFORE MARRIAGE <u>Edna Poline</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Danville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Danville S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farm work</u>			(19) OCCUPATION <u>Farm help</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.  
(Sign alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Thompson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Danville S.C.

Given name added from a supplemental report

(26) Witness William Thompson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 9, 1923 (28) W. T. Ellis 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.

W. T. Ellis LR