

WHITE 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.

(1) PLACE OF BIRTH

County of Georgetown S.C.

Township of W. 3

or Inc. Town of W. 3

or City of Georgetown

(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

File No.—For State Registrar Only

4210

Registration District No. 2102 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Eulipies Maymon

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 11, 1922
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eulysie Maymon

(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

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

(12) BIRTHPLACE Georgetown S.C.

(13) OCCUPATION Labor

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emilin Maymon

(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

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

(18) BIRTHPLACE Georgetown S.C.

(19) OCCUPATION House Keeper

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

(23) (Signature) Cathren Rhue midwife

(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 23 is signed by mark)

(27) Filed Mar. 19 1922 (28) Mrs. R. Y. King 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.