

(1) PLACE OF BIRTH

County of Bamberg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48065

Township of

or
Inc. Town of BambergRegistration District No. 4 A Registered No.

(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 Eugenia Carolyn Hitt If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? Yes

(5) Number in order of birth

(6) Are Parent Married? Yes(7) DATE Feb. 19, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Melvin Hitt(9) PRESENT POSTOFFICE OF FATHER Bamberg SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Edgewood Co.(13) OCCUPATION Asst Editor(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wenona Shorn(15) PRESENT POSTOFFICE OF MOTHER Bamberg SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Edgewood Co.(19) OCCUPATION Domestic(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 Born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Robt. Black

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

M.D. Bamberg SC

Given name added from a supplemental report

....., 1916

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Registrar

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

(27) Filed Mar. 5, 1916 (28) John Coover 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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MAKING RESERVED FOR HANDING.

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, No. 1. THE OTHER, No. 2, etc., in question 3.

Chas. McCaw, of Columbia.

FORM NO. 2.