

Form No. 8

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

16900

Registration District No. 51-2 Registered No. 64
(For use of Local Registrar.)(No. _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Evangeline Mission (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
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 21 1923
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY

(Years) 26

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE Evan Hingle(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY

(Years) 22

(18) BIRTHPLACE

(19) OCCUPATION

(20) 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 Evangeline Mission 6 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) E. J. Keller(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 23 1923

(28)

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.