

NOTE: 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 Aiken
Township of Irregular
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
6266

Registration District No. 204 Registered No. 23
(For use of Local Registrar)

(No. ALVA) 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 Charlie Alon Egle If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 22, 22
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Julius Buchanan Egle (9) PRESENT POSTOFFICE OF FATHER Warrenville, S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 64 (Year) (12) BIRTHPLACE Warrenville, S.C. (13) OCCUPATION Retail Merchant (20) Number of children born to mother, including present birth 1

MOTHER: (14) NAME BEFORE MARRIAGE Fannie Francis Elizabeth Mathews (15) PRESENT POSTOFFICE OF MOTHER Warrenville, S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Year) (18) BIRTHPLACE Dorchester, S.C. (19) OCCUPATION Domestic (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 born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Therubell D.S.; M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Warrenville, 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 April 2, 22 (28) Local Registrar. W. C. Therubell D.S.; M.D.

*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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