

(1) PLACE OF BIRTH

County of Marblehead
Township of Deliver
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

19467

Registration District No. 3304 Registered No. 76
(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 Shila E. Eby

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

3) BOY OR GIRL? *girl* (4) Twin or Triplet? *twins* (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 6, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Frei E. Ebeling

PRESENT POSTOFFICE OF FATHER *Chino, S. Cal.*

(10) COLOR OR RACE *cel* (11) AGE AT LAST BIRTHDAY *25*
(Years)

12) BIRTHPLACE *SP*

13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Flory

(15) PRESENT POSTOFFICE OF MOTHER *Colis e!*

(16) COLOR OR RACE *del* (17) AGE AT LAST BIRTHDAY *38*
(Y-823)

(18) BIRTHPLACE *CS*

(18) OCCUPATION *Laborer*

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 1 M.
on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) Neil W. Wolfe | (25) Address of Physician or Midwife
(24) State whether Physician or Midwife | (26) Address of Physician or Midwife

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

Given name added from a supplement-
tal report.

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

(27) Filed April 10 1927 (28) W. J. Woodley
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.