

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Colleton  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 3605

File No. — For State Registrar Only

31618  
86Registered No. ....  
(For use of Local Registrar)

(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 James Eagle (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1915  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>David Eagle</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Wright</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Colleton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Colleton S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Orangeburg S.C.</u>	(13) OCCUPATION <u>Farm Hand</u>	(18) BIRTHPLACE <u>City of S.C.</u>	(19) OCCUPATION <u>Farm Keeper</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M. on the date above stated. (Signature or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Calvin Miller  
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Colleton S.C.

Given name added from a supplemental report

(25) Witness W. H. Miller  
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Sept 15 1915 (27) Local Registrar Shelley

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.