

## (1) PLACE OF BIRTH

County of DarlingtonTownship of McDonough

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

20890

Registration District No. 1507 Registered No. 36  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eileen Black

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

|                                |   |  |  |   |
|--------------------------------|---|--|--|---|
| (3) BOY OR GIRL<br><u>girl</u> | (4) Twin or Triplet?<br>To be answered only in event of Twin or Triplet | (5) Number in order of birth<br><u>1</u> | (6) Are Parents Married?<br><u>yes</u> | (7) DATE OF BIRTH<br><u>Sept. 1, 1932</u><br>(Name of Month) (Day) (Year) |
|--------------------------------|---|--|--|---|

## FATHER.

## MOTHER.

|   |  |
|---|--|
| (8) FULL NAME<br><u>John Black</u>  | (14) NAME BEFORE MARRIAGE<br><u>Eileen Bostick</u>                                     |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Mont Clare S.C.</u>                  | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Darlington R.</u>                              |
| (10) COLOR OR RACE<br><u>Col.</u>   | (16) COLOR OR RACE<br><u>Col.</u>  |
| (11) AGE AT LAST BIRTHDAY<br><u>43</u><br>(Years)                           | (17) AGE AT LAST BIRTHDAY<br><u>34</u><br>(Years)                                      |
| (12) BIRTHPLACE<br><u>Darlington Co.</u>                                    | (18) BIRTHPLACE<br><u>S.C.</u>   |
| (13) OCCUPATION<br><u>Farmer</u>  | (19) OCCUPATION<br><u>Ac. House</u>  |
| (20) Number of children born to mother, including present birth<br><u>8</u> | (21) Number of children of this mother now living, including present birth<br><u>8</u> |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 9 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Low Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Darlington Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 1, 1932 (28) E. A. Early

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report.  
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.