

(1) PLACE OF BIRTH

County of Orangeburg
Township of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthNo. 11812Inc. Town of Registration District No. 3616 Registered No. 25
or
City of (No.) (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

(1) BOY OR GIRL?	(2) Twin or Triplet? <u>X</u>	(3) Number in order of birth <u>4</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Mar 8</u>
FATHER			MOTHER	
(6) FULL NAME <u>Frank R. Eagle</u>			(14) NAME BEFORE MARRIAGE <u>Pansie Jamison</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>R.F.D. Cope & C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same as father</u>	
(8) COLOR OR RACE <u>White</u>	(9) AGE AT LAST BIRTHDAY <u>34</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	
(12) BIRTHPLACE <u>Orangeburg County</u>			(16) BIRTHPLACE <u>Orangeburg County</u>	
(13) OCCUPATION <u>Farming</u>			(17) OCCUPATION <u>Housewife</u>	
(18) Number of children born to mother, including present birth <u>4</u>			(19) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 P
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. H. Hatten(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed)

(27) Date May 7 1923 (28) R. H. Hamer

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.

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