

(1) PLACE OF BIRTH

County of SumterTownship of Lighting Creek

Inc. Town of

City of

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

(2) Full Name of Child Eugene Dennis If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Twins To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>8</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 22, 1928</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Eugene Dennis</u>			(9) NAME BEFORE MARRIAGE <u>Anna Davis</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Rumbout SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Rumbout</u>	
(12) COLOR OR RACE <u>Wyo</u>	(13) AGE AT LAST BIRTHDAY <u>46</u> (Year)	(14) COLOR OR RACE <u>Wyo</u>	(15) AGE AT LAST BIRTHDAY <u>36</u> (Year)	
(16) BIRTHPLACE <u>Sumter Co</u>			(17) BIRTHPLACE <u>Sumter Co</u>	
(18) OCCUPATION <u>Farmer Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) 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 alive at 10 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Anna X. Chapman</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Rumbout</u>
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Given name added from a supplemental report	(26) Witness (Signature of witness necessary only when question 22 is signed by mark) <u>W. C. Harrell</u>	(27) Date <u>Aug 6, 1928</u>	(28) Local Registrar <u>W. C. Harrell</u>
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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.