

(1) PLACE OF BIRTH

County of AdairTownship of Rocky Mtnor
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

2881

Registration District No. 204..... Registered No. 7.....
(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 Eloise Milhouse

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

(3) BOY OR GIRL girl (4) Twin or Triplet? L (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH July 19 1922
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pet milhouse(9) PRESENT POSTOFFICE OF FATHER Salem, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Corder(15) PRESENT POSTOFFICE OF MOTHER Salem S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charity L. Taylor(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry St.

Given name added from a supplemental report

(26) Witness Chas. H. Sallee
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 21 1922 (28) Chas. H. Sallee
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.