

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91525

Registration District No. 38aRegistered No. 1597
(For use of Local Registrar)

(2) Full Name of Child

Simeel McEaster

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 26 1919
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence McEaster

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

English S.C.

(13) OCCUPATION

Common labor

(14) NAME BEFORE MARRIAGE

Lucile Gibson

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Castrova S.C.

(19) OCCUPATION

house work

(20) Number of children of this mother now living, including present birth

4

(20) Number of children born to mother, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.at 10:30 A.M.
(Hour A. M. or P. M.)

(23) (Signature)

Lilla Gibson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

1718 Wheat St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/29/1919

(28)

Oliver C. Gager
Local Registrar19
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.