

(1) PLACE OF BIRTH

County of NewberryTownship of 1or
Inc. Town of Helenaor
City of Newberry

(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

39507

Registration District No. 3408 Registered No. 76

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Margaret Eison } If child is not yet named, make supplemental report as directed(3) ~~Boy or~~ GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 13, 1911 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James B. Eison(9) PRESENT POSTOFFICE OF FATHER Newberry(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Newberry(13) OCCUPATION Driving Truck State Highway(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kelcie Miller(15) PRESENT POSTOFFICE OF MOTHER Newberry(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Newberry(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. H. Duncanson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Newberry S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 9, 1911 (28) J. H. Cunningham 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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