

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Good Land
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16212

Registration District No. 2607Registered No. 36
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Eugene Charles

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 15 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Charles
 (9) PRESENT POSTOFFICE OF FATHER Neeses
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Enallmer Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Neeses
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 AM. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maryie Eaton(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Neeses

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed May 19 22 (28) S. M. L. L. L. 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.