

THIS IS A PERMANENT RECORD.
 WITH UPDATING FEE.—THIS IS A PERMANENT RECORD.
 WIVES PLAINLY, WITH UPDATING FEE.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 of Columbia
 N. B.
 McCAW.

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

File No.—For State Registrar Only
85441

(1) PLACE OF BIRTH
 County of Edgefield
 Township of High
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 18.11 Registered No. 18
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Oct 19 1916
(Name of Month) (Day) (Year)
to be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Mrs Eogle
 (9) PRESENT POSTOFFICE OF FATHER Johnston SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Johnston SC
 (13) OCCUPATION Norman
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Corra Eogle
 (15) PRESENT POSTOFFICE OF MOTHER Johnston SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Johnston SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Johnston on the date above stated. (Hour 11 P M., or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Johnston

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed Oct 30 1916 (28) [Signature] 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. Local Registrar.

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