

## (1) PLACE OF BIRTH

County of GermineTownship of GermineInc. Town of SanbornCity of Sanborn

(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

90122

Registration District No. 2209Registered No. 607

(For use of Local Registrar)

(2) Full Name of Child Eupha Taterfield

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>am</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 26</u> 191 <u>4</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	---	------------------------------	-------------------------------------	---

## FATHER.

## MOTHER.

(8) FULL NAME Charley Taterfield(14) NAME BEFORE MARRIAGE Allie Jackson(9) PRESENT POSTOFFICE OF FATHER Germine S.C.(15) PRESENT POSTOFFICE OF MOTHER Germine S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Ga(18) BIRTHPLACE Germine S.C.(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was blue at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Hester

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

Physician Germine 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 Jan 7 1914 (28) A. K. Mackay 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.

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.