

Form No. 1

(1) PLACE OF BIRTH

County of Darfield

Township of

or
Inc. Town of Minersboroor
City of

(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

30105

Registration District No. 14Registered No. 43
(For use of Local Registrar)(2) Full Name of Child Mary Elizabeth Euloe

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 9 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bonny Euloe

(9) PRESENT POSTOFFICE OF FATHER Wintersboro, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Free Operator

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elice Ingle

(15) PRESENT POSTOFFICE OF MOTHER Minersboro S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION Housewife

(21) 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 alive at 5:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sam'l Sincay

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Minersboro 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 Oct 10 1922(28) P. M. Hayner

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OFFICE, No. 2, etc., in question 5.