

WRITE PLAINLY, WITH UNFADING INK—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 6.

(1) PLACE OF BIRTH

County of Cherokee

Township of .....

or Inc. Town of .....

or 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

3689

Registration District No. 1204 Registered No. 1  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL boy

(4) Twin or Triplet? No  
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH 1/15/19  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emilio Eulouks

(9) PRESENT POSTOFFICE OF FATHER Jefferson DC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)

(12) BIRTHPLACE DC

(13) OCCUPATION Self Salesman

(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Hermine Lynn

(15) PRESENT POSTOFFICE OF MOTHER Jefferson DC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)

(18) BIRTHPLACE DC

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John S. Chambers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jefferson DC

Given name added from a supplemental report

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

(27) Filed 19 (28) D. H. Beachner 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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MCAN of Columbia, Columbia, S. C.