

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
 Township of #9
 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

4701

Registration District No. 340 Registered No. 1
 (For use of Local Registrar)

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

(2) Full Name of Child Catherine Eager 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? No (7) DATE OF BIRTH Feb 4 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard C. Eager
 (9) PRESENT POSTOFFICE OF FATHER Little Mountain, S.C.
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION laborer
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Dugman
 (15) PRESENT POSTOFFICE OF MOTHER Little Mountain, S.C.
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Eager
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgewater, 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 Feb 4 1923 (28) W. D. Eager 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.

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 3.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.