

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 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

90510

Registration District No. 2801Registered No. 106
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eleanor Pollyann Hagins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? single (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Hagins(9) PRESENT POSTOFFICE OF FATHER Greenside S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE M.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Hagins(15) PRESENT POSTOFFICE OF MOTHER Greenside S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE M.C.(19) OCCUPATION House wife(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 Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Garnie McDowell(24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. H. Draft

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 13 1917 (28) W. H. Draft Local Registrar

19 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this statement. 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.