

(1) PLACE OF BIRTH

County of Greenville

Township of 1

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

90112

Registration District No. 2209

Registered No. 597

(For use of Local Registrar)

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

(2) Full Name of Child.....

Colbert

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH

Dec 11
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.

(8) FULL NAME

Yes P. Eckols

(9) PRESENT POSTOFFICE OF FATHER

Deaneon Mills Greenville SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Mill work & farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Leta V. George

(15) PRESENT POSTOFFICE OF MOTHER

#9

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Greenville SC

(19) OCCUPATION

Nurse in

(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 alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Mackey

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

Partlow Bldg. Mt.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed Jan 7 1917

191.....

(28)

A H Mackey
Local Registrar

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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