

(1) PLACE OF BIRTH

County of Bamberg

Township of

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

270

Registration District No. 100Registered No. 16
(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 Eloise Halverson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>Yes</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 24 32</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Thor J. Halverson(9) PRESENT POSTOFFICE OF FATHER Bamberg, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Bamberg Co, SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Luella Williams(15) PRESENT POSTOFFICE OF MOTHER Bamberg, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Orangeburg Co, SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:45 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Robert Black(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 30 1932

(28)

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.