

Form No. 1

(1) PLACE OF BIRTH

County of Savannah
 Township of #4
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
19048

Registration District No. 3903 Registered No. 38
 (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 Earle Feagle If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Male 4 Yes 5 Yes 6 DATE OF BIRTH Dec 28 1923
 (If child is not yet named, make supplemental report as directed)

FATHER
 8 FULL NAME Earle Feagle
 9 PRESENT POSTOFFICE OF FATHER Savannah S.C.
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 24 (Year)
 12 BIRTHPLACE Savannah S.C.
 13 OCCUPATION Mechanic

MOTHER
 14 NAME BEFORE MARRIAGE Agnes W. Feagle
 15 PRESENT POSTOFFICE OF MOTHER Savannah S.C.
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 22 (Year)
 18 BIRTHPLACE Savannah S.C.
 19 OCCUPATION Housewife

20 Number of children born to mother, including present birth 1
 21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed July 4 1923 (28) Maria Grant 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.