

(1) PLACE OF BIRTH

County of

Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16491

Township of

Inc. Town of

Registration District No.

380

Registered No.

1414

(For use of Local Registrar)

City of

Columbia, S.C. No. Sligh Ave.

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.

Philip Eichelberger

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

(3) SEX OR
SEX?(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH

May 22, 1922

(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.

(8) FULL
NAME

James Eichelberger

(9) PRESENT
POSTOFFICE
OF FATHER

Columbia, S.C.

(10) COLOR
OR
RACE

colored

(11) AGE AT LAST
BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Fairfield, S.C.

(13) OCCUPATION

Porter

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

6

MOTHER.

(14) NAME BEFORE
MARRIAGE

Hattie Ellison

(15) PRESENT
POSTOFFICE
OF MOTHER

Columbia, S.C.

(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Fairfield, S.C.

(19) OCCUPATION

House Keeper

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

(23) (Signature)

J. Annie R. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Home Midwife

2109 Elmwood

Given name added from a supplement
report

(26) Witness

Cecilia Brown

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

(27) Filed

6-14-1922

(28)

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.

N. B.—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 5.