

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Paul
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 706 Registered No. 61
 (For use of Local Registrar)

File No.—For State Registrar Only

37374

(2) Full Name of Child Eller Doby (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(3) BOY OR
 GIRL

(4) Twin
 or Triplet?

(5) Number in
 order of birth

(6) Are
 Parents
 Married? no

(7) DATE OF
 BIRTH Nov 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

(9) PRESENT
 POSTOFFICE
 OF FATHER

(10) COLOR
 OR
 RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST
 BIRTHDAY 21
 (Years)

MOTHER.

(14) NAME BEFORE
 MARRIAGE

(15) PRESENT
 POSTOFFICE
 OF MOTHER

(16) COLOR
 OR
 RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST
 BIRTHDAY 19
 (Years)

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

(21) Number of children of this mother
 now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Eller Doby at 7:30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Spacie King

(24) State whether Physician or Midwife mid wife

(25) Address of Physic or Midwife Bonne me St

Given name added from a supplement
 al report

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

(27) Filed Nov 28 1922 (28) J. J. King 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.