

(1) PLACE OF BIRTH

County of Darlington
 Township of Northville
 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

3581

Registration District No. 1502 Registered No. 15
 (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 Erin Ouel

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14, 1926
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Le Roy Ouel</u>	(14) NAME BEFORE MARRIAGE <u>Emma Hudson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hartsville (P.D. # 7)</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville (P.D. # 7)</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. L. Ouel(24) State whether Physician or Midwife(25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplementary report

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

(27) Date Mar 9, 23 (28) Local Registrar W. H. Kaper

When there was no attending physician or midwife, it shall be the duty of the Local Registrar to sign this certificate before the time