

CERTIFICATE OF BIRTH

County of Ubberville Co
Township of Long Can
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
26799

Registration District No. 107 Registered No. 36
(For use of Local Registrar)

City of (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: Vendell Lewis Enslin If child is not yet named, make supplemental report as directed

(2) SEX-OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 28, 1923</i> (Name of Month) (Day) (Year)
--	--	---	--	---

FATHER.		MOTHER.	
(9) FULL NAME	Frank Eakin	(14) NAME BEFORE MARRIAGE	Margaret Eakin
(8) PRESENT POSTOFFICE OF FATHER	Abbeville S.S.	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville S.S.
(16) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY	24 (Years)
(12) BIRTHPLACE	Abbeville Co., S.S.	(15) BIRTHPLACE	Abbeville Co., S.S.
(13) OCCUPATION	Farming	(18) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) Signature Mahaly Crosby
(24) State whether Physician or Midwife ☒ (25) Address of Patient _____ or Midwife _____

(Given name added from a supplemental report)

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

(27) Filed Sept 27, 1933 (28) CH Miller
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.

QUESTIONS FOR TESTER'S use a SEPARATE BLANK FOR EACH CHILD, and MARK FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.