

(1) PLACE OF BIRTH

County of Hampton  
 Municipality of Hampton  
 City of Hampton  
 State of Virginia

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

No. 40921

Registration District No. 240 Registered No. 162  
 (For use of Local Registrar)

City of Hampton (No. 162 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eldred Milton If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Type of Birth 1 (5) Number of Children of Mother 5 (6) Is Child Living Yes (7) Date of Birth Dec 17 1933

FATHER: (8) NAME Mike Myron (9) NAME Lelia Presler

(10) SURNAME Vannwille (11) SURNAME Vannwille

(12) COLOR white (13) AGE AT LAST BIRTHDAY 29 (14) COLOR white (15) AGE AT LAST BIRTHDAY 26

(16) BIRTHPLACE H. Co (17) BIRTHPLACE H. Co

(18) OCCUPATION Public work (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Lelia Smith Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vannwille

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Ed Rogers  
 (27) Filed Dec 17 1933 (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.