

## (1) PLACE OF BIRTH

County of Newberry

Township of .....

Inc. Town of .....

City of Newberry

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Eighelberger

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

(3) SEX OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 To be answered only in case of Twin or Triplet(6) Are Parents Married yes(7) DATE OF BIRTH Feb. 3, 1923 (Name of Month) (Day) (Year)(8) FULL NAME George Eighelberger(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 12 (Year)(12) BIRTHPLACE Georgia(13) OCCUPATION Hotel(14) NAME BEFORE MARRIAGE Maria Cochrane(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Housekeeping(20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) Hour 3:20 M. or P. M. (22) on the date above stated.(23) (Signature) [Signature] (24) Name of Physician or Midwife [Signature](25) Address of Physician or Midwife 123 Newberry S.C.(26) (Signature of Witness necessary only when question 23 is signed by mark) [Signature](27) When there is a stillbirth, the report is desired of stillbirths [Signature]