

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Magnolia
 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
20666

Registration District No. 109 Registered No. 5-8
 (For use of Local Registrar)

(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 House Eugenia M. Cloine { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 14 1920</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Marion Eugene Mc Cloine

(9) PRESENT POSTOFFICE OF FATHER RFD #1 Abbeville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Abbeville County S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Ruthine M. Cloine

(15) PRESENT POSTOFFICE OF MOTHER RFD #1 Abbeville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Abbeville County S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:50 A.M. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed July 28 1920 (28) [Signature] 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.

Registrar [Signature] 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.