

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Union
 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

31738

Registration District No. 3616 Registered No. 73
 (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 Eunaleon Stroman if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1922
 To be answered only in event of Twins or Triplets (Name, Month, Day, Year)

FATHER
 (8) FULL NAME Howard Stroman
 (9) PRESENT POSTOFFICE OF FATHER Cope SC RFD
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Four

MOTHER
 (14) NAME BEFORE MARRIAGE Marie Jones
 (15) PRESENT POSTOFFICE OF MOTHER Cope SC RFD
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 9 A.M. on the date above stated. (Born alive or stillborn) (Day, A.M. or P.M.)

(23) (Signature) Elmer Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope SC RFD

Given name added from a supplemental report

(26) Witness W. K. Ramsey (Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Oct 6 1922 (28) W. K. Ramsey 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.