

(1) PLACE OF BIRTH

County of SaludaTownship of no 1

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30013

Registration District No. 3900ARegistered No. 13
(For use of Local Registrar)(2) Full Name of Child Joe B. Eargle

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>one</u>	5) Number in order of birth <u>11</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Sept 29, 28</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Henry Eargle9) PRESENT POSTOFFICE OF FATHER Lusville S.C. R.F.D. No 210) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 56-0
(Year)12) BIRTHPLACE Saluda County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 11

MOTHER.

14) NAME BEFORE MARRIAGE Ada Ballentine15) PRESENT POSTOFFICE OF MOTHER Lusville S.C. R.F.D. No 216) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 46
(Year)18) BIRTHPLACE Saluda County19) OCCUPATION House wife21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5-4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. S. Black(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lusville S.C.

Given name added from a supplemental report

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

(27) Filed Sept 30 29 A. O. Jowers 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.

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