

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
No. 1.—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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Haupta</u>		STATE OF SOUTH CAROLINA		77484	
Township of <u>Dealester</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Early Branch</u>		Registration District No. <u>24.00</u>		Registered No. <u>44</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Eugene Peoples</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>4</u>		(7) DATE OF BIRTH <u>Sept 8, 1916</u>	
		(5) Number in order of birth		(6) Are Parents Married? <u>Yes</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Chas Cornelius Peple</u>			(14) NAME BEFORE MARRIAGE <u>Worthy Idees DeLoach</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Fried Work</u>		
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3-7 M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Louisa M. Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Early Branch</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse) <u>Sept 11, 1916</u>					
(27) Filed <u>Sept 11, 1916</u> (28) Local Registrar. <u>P. B. McQueen</u>					
19 .....					
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.					