

Form No. 1

## (1) PLACE OF BIRTH

County of RichmondTownship of Richmondor  
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 CAROLINA

Department of Statistics

State Board of Health

Registration District No. 2700

File No.—For State Registrar Only

19092

Registered No. 42  
(For use of Local Registrar)

## (2) Full Name of Child

Eddie Eugene

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

3) BOY OR GIRL  
Boy4) Twin or Triplet?  
To be answered only in case of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?  
Yes(7) DATE OF BIRTH June 13, 1909  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME  
John Eugene9) PRESENT POSTOFFICE OF FATHER  
Richmond SC # 510) COLOR OR RACE  
Colored(11) AGE AT LAST BIRTHDAY 29  
(Years)12) BIRTHPLACE  
SC13) OCCUPATION  
Farmer20) Number of children born to mother, including present birth  
13

## MOTHER.

(14) NAME BEFORE MARRIAGE  
Louise Bowell(15) PRESENT POSTOFFICE OF MOTHER  
Do(16) COLOR OR RACE  
Colored(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE  
SC(19) OCCUPATION  
Housewife(21) Number of children of mother now living, including present birth  
12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) John H. Thompson(24) State whether Physician or Midwife (Address of Physician or Midwife)  
Midwife Richmond SC # 6

Given name added from a supplemental report

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

(26) (Signature of Registrar)

(27) (Signature of 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.