

(1) PLACE OF BIRTH .

County of Anderson.....

Township of

Inc. Town of... Shaw...

CH# of 2.....

(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

History of VINE Participation

State Board of Health

Registration District No. 3.11

FILE NO. - PG. 8065

Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Ellen Byrnes..... (If child is not yet named, make supplemental report as directed)

7) BOY OR GIRL <i>girl</i>	8) Type of Traitor <i>Turn</i>	9) Number in order of birth <i>I</i>	10) Are Parents Married? <i>yes</i>	11) DATE OF BIRTH <i>July 15 1922</i> <i>(month of birth) (day) (year)</i>
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FATHER.		MOTHER.	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

(9) FULL NAME Will Eugene (10) BIRTH DATE 1934 (11) BIRTH PLACE Edgemoor

1) PRESENT ADDRESS OF FATHER Sna S.C. 2) PRESENT ADDRESS OF MOTHER Sna S.C.

(16) COLOR OF HAIR white (17) AGE AT LAST BIRTHDAY 25 (18) COLOR OF HAIR white (17) AGE AT LAST BIRTHDAY 25

(75) BENTLEY	He.	(76) BENTLEY	He.
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(15) OCCUPATION Textile

(26) Number of children born to mother, including present birth	5
(27) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 714 St. Paul
on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(28) (Signature) Robert L. ...

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-
tal report

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

(97) Filed Dec 16 23 (25) Thayer Ford

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.

"When there was no attending physician or midwife, then the nearest physician or midwife was called. If a child breathes even once, it must not be reported as stillborn. No report is checked in such a case."