

(1) PLACE OF BIRTH

County of Berkley

Township of St James

Inc. Town of

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

18019

Registration District No. 704

Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Eva Hallback

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 14 1916</u>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Greely Hallback

(9) PRESENT POSTOFFICE OF FATHER Wren S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE Berkley Co.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME AND MARRIAGE Maggie Taylor

(15) PRESENT POSTOFFICE OF MOTHER Wren S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY _____ (Years)

(18) BIRTHPLACE Berkley Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at 12 P. M., on the date above stated. (Born alive or stillborn) (Year A. M. or P. M.)

(23) (Signature) Jones Bennett

(24) Date when Physician or Midwife (25) Address of Physician or Midwife Wren S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

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

(27) Filed Jan 24 1916 (28) D. D. Plumble 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.

Form No. 19. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. N. B.—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. City of Columbia