

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
64593

(1) PLACE OF BIRTH

County of Greenville

Township of Laurens

Inc. Town of

City of

Registration District No. 2212

Registered No. 39
(For use of Local Registrar)

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

(2) Full Name of Child Agnes Catherine

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James W. E. Eason

(9) PRESENT POSTOFFICE OF FATHER Pelzer A.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Laurens S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Knight

(15) PRESENT POSTOFFICE OF MOTHER Pelzer A.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Pelzer S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Eason, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens 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 July 1, 1916 (28) W. H. Ross
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.

WHEN REPRODUCED FROM THE ORIGINAL, 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.
McGraw, of Columbia