

(1) PLACE OF BIRTH

County of *Charleston*Township of *Johns Island*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *205*

File No. — For State Registrar Only

6908

Registered No. *31*
(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 *Engene Earlhard*

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>March 17, 1922</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Illegal*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE *Julia Earlhard*(15) PRESENT POSTOFFICE OF MOTHER *Johns Island*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *18*
(Years)(18) BIRTHPLACE *Johns Island*(19) OCCUPATION *Farmer Laborer*(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Dane Jenkins*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Johns Island*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

March 25, 1922 (27) *Wm. C. H. Hille*
Local Registrar