

(1) PLACE OF BIRTH

County of AndersonTownship of "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
58395Registration District No. 9ARegistered No. 151
(For use of Local Registrar)(2) Full Name of Child Elaine Eargill

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 April 19, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Berry Eargill

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE

Ga

(13) OCCUPATION

misc apt

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Stevenson

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Lawson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

AndersonAnderson

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

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(28)

J. B. Lawson
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.

fifth month of pregnancy.

Registrar