

(1) PLACE OF BIRTH

County of NewberryTownship of No. 1or  
Inc. Town of .....or  
City of .....

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

**CERTIFICATE OF  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health**

File No. — For State Registrar Only  
**39509**

Registration District No. 3409..... Registered No. 78.....

(For use of Local Registrar)

St.; ..... Ward

(No. ....)

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

(2) Full Name of Child. Eugene Hope(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 27, 1912

(Name of Month) (Day) (Year)

**FATHER.**(8) FULL NAME Joseph Hope(9) PRESENT POSTOFFICE OF FATHER Helena S. S.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Newberry S. S.(13) OCCUPATION Street Laborer(14) Number of children born to mother, including present birth 1**MOTHER.**(14) NAME BEFORE MARRIAGE Lillie Mae Burton(15) PRESENT POSTOFFICE OF MOTHER Helena S. S.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Newberry Co. S. S.(19) OCCUPATION Housework(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 Alive at 7:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Emma T. Suter

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

Midwife Newberry S. S.(26) Witness S. S. Cunningham

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

(27) Filed Dec. 8, 1912 (28) S. S. Cunningham Local Registrar

Given name added from a supplemental report

101.....

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.

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WHICH EXPLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD.  
No. 1—in case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.  
McCONY, of Columbia