

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

10 - For State Registrar Only  
1937

County of Union

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Township of Purchase

or  
Inc. Town of Lockhart

Registration District No. 42 and No. 67  
(For use of Local Registrar)

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eugene Huntley Dask } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6 1935  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter Daves Dask

(14) NAME BEFORE MARRIAGE Eugene Huntley

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

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Georgia

(18) BIRTHPLACE Georgia

(13) OCCUPATION C.E.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth { 3 }

(21) 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 born at 10:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W.D. Hopper

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

Physician Lockhart S.C.

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

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

(27) Filled Aug 5 1935 (28) D.G. Galman 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.

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FORM NO. 4 MARGIN RESERVED  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaig, of Columbia