

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of Landonor
Inc. Town ofor
City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42894

Registration District No. 401 Registered No. 95
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 21, 1922
(Name of Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>Eugene Eason</u>			(14) NAME BEFORE MARRIAGE	<u>Lucile Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Yamett - S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Yamett - S.C.</u>		
(10) COLOR OR RACE	<u>Black.</u>	(11) AGE AT LAST BIRTHDAY	<u>24</u> (Years)	(16) COLOR OR RACE	<u>Black.</u>	(17) AGE AT LAST BIRTHDAY	<u>22</u> (Years)
(12) BIRTHPLACE	<u>Ma -</u>			(18) BIRTHPLACE	<u>S.C.</u>		
(13) OCCUPATION	<u>Carpenter</u>			(19) OCCUPATION	<u>House work.</u>		
(20) Number of children born to mother, including present birth	<u>1</u> <u>2</u>			(21) Number of children of this mother now living, including present birth	<u>1</u> <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) Mary Anna Jackson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Yamett - S.C. R.F.D.

Given name added from a supplemental report

(26) Witness W. C. Richardson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/24/22 by W. C. Richardson 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.

W. P. Ellis's L.R.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.