Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37162

(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of ..... Registration District No. 38-a Registered No. 271 (For use of Local Reistrar)

or

City of Columbia Sc (No. 922 Harden St.; 1 Ward)

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

(2) Full Name of Child James E. Earle — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet? 1 — To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct. 24 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Joe Earle	(14) NAME BEFORE MARRIAGE	Lile Napkin
(9) PRESENT POSTOFFICE OF FATHER	Columbia Sc	(15) PRESENT POSTOFFICE OF MOTHER	Columbia Sc
(10) COLOR OR RACE	Colord	(16) COLOR OR RACE	Colord
(11) AGE AT LAST BIRTHDAY	29 (Years)	(17) AGE AT LAST BIRTHDAY	25 (Years)
(12) BIRTHPLACE	Blue Sc	(18) BIRTHPLACE	New Berry Sc
(13) OCCUPATION	Bottlehelper	(19) OCCUPATION	housework
(20) Number of children born to mother, including present birth	5	(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 9 15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret L. Hampton

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 1224 Hendrson St

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 Jan 1st 1915 (28) [signature] 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.

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