(1) PLACE OF BIRTH

County of Greenville

Township of Austin

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
17805

Registration District No. 2.205 Registered No. 24
(For use of Local Registrar)

(2) Full Name of Child Bettie D. Eck

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

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 1 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: Grady Eck

(9) PRESENT POSTOFFICE OF FATHER: Pelzer R4. SC

(10) COLOR OR RACE: white (11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: S. C.

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Bessie Jordan

(15) PRESENT POSTOFFICE OF MOTHER: Pelzer R4

(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: S. C.

(19) OCCUPATION: at home

(21) 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 (Born alive or stillborn) at 1:45 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. G. Blackard

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Pelzer S.C.

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed June 19 23 (28) Mrs. Wm. Rose
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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