

(1) PLACE OF BIRTH

County of W. of Burg.
 Township of Jackson
 or
 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 BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

83857

Registration District No. 4104 Registered No. 143
 (For use of Local Registrar)

(2) Full Name of Child Hazel C. Eaddy { 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. 12, 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Andrew Eaddy
 (9) PRESENT POSTOFFICE OF FATHER Excelsior S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Business Engineer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Eddie Buffkin
 (15) PRESENT POSTOFFICE OF MOTHER Excelsior S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (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 Alive at 7:15 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Zephaniah A. Davis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Excelsior 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) Filed Nov 2 1914 (28) L. B. ... 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.
 No. 1—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 6.
 No. 2—of Columbia.