

County of Sumter  
Township of Phillips  
or  
Inc. Town of  
or  
City of

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

66456

Registration District No. 4-107 Registered No. 61  
(For use of Local Registrar)

(No.        St.;        Ward)  
at birth occurs in a hospital or other institution give name of same instead of street and number.)

2) Full Name of Child Eleane M. Fadden If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (2) Twin or Triplet? 7 (3) Number in order of birth 4 (4) Are Parents Married Yes (5) DATE OF BIRTH June 17 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William M. McFadden</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Hickson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Planters C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Planters C.</u>
(10) COLOR OR RACE <u>Black</u>	(16) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Clarendon Co</u>	(18) BIRTHPLACE <u>Sumter Co</u>	(19) OCCUPATION <u>Seamining</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 5 an on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Goodman  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg, SC

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

(26) Witness William M. Fadden  
(Signature of Witness necessary only when question 23 is signed to mark)  
(27) Filed June 26 1916 (28) B. M. E. E. E. 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.

..... fifth month of pregnancy.

Form No. 10.  
SECTION IN RED PRINTED WITH INSTRUCTIONS  
WHEN PLACED, WITH THE CHILD, IN A POSITION TO BE SEEN BY THE REGISTRAR  
N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.