

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 2.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Updyke  
Township of .....

Inc. Town of .....  
City of Charlottesville

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

(2) Full Name of Child Maryon Clara Eschridge

File No.—For State Registrar Only  
**66137**

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

Registration District No. 40-a Registered No. 217  
(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Clay Eschridge

(14) NAME BEFORE MARRIAGE Pauline Farmer

(9) PRESENT POSTOFFICE OF FATHER Charlottesville

(15) PRESENT POSTOFFICE OF MOTHER Charlottesville

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE H. C.

(18) BIRTHPLACE S. C.

(13) OCCUPATION Ins. Agt.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:05 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ed. J. Waller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville, S. C.

Given name added from a supplemental report

9-16-40  
Martin B. Woodward, M. D.  
Assistant State Registrar

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

(27) Filed July 1, 1916 (28) Jas. C. Oates 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.