

No. 1

(1) PLACE OF BIRTH

County of Blarendon
 Township of Sandy Grove
 or
 In Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24069

Registration District No. 13/6 Registered No. 14
 (For use of Local Registrar)

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

(2) Full Name of Child Eugene Mrs Faddis If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Aug. 10 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fleetwood Mrs Faddis

(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (Year)

(12) BIRTHPLACE Blarendon Co.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Keaton

(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE Williamsburg Va

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mrs E. H. Faddis
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

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

(26) Filed Aug. 10 1923 (27) E. H. Faddis Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.