

## 1. PLACE OF BIRTH

County of BlountTownship of Greenvilleor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7-12

FILE No.—For State Registrar Only

44554Registered No. 17

(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

Bennie Eaddy

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

3. BOY OR GIRL

Boy

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF BIRTH

Dec 24 - 1922  
(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

Pilot Eaddy

9. PRESENT POSTOFFICE OF FATHER

Kingsburg

10. COLOR OR RACE

Colored

11. AGE AT LAST BIRTHDAY

30  
(Years)

12. BIRTHPLACE

Kingsburg

13. OCCUPATION

Saw MillingOne

20. Number of children born to mother, including present birth

## MOTHER

14. NAME BEFORE MARRIAGE

Esther Durant

15. PRESENT POSTOFFICE OF MOTHER

Kingsburg

16. COLOR OR RACE

Colored

17. AGE AT LAST BIRTHDAY

25  
(Years)

18. BIRTHPLACE

Kingsburg

19. OCCUPATION

HousewifeOne

21. Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature

Selma Slaughter

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

27. Filed

Sept 26 1924

28.

BR Maskin

Local Registrar

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.  
N.B.—In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark as FIRST BORN, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th.