

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Westchester* STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50437

Township of *Beach City*

Inc. Town of ..... Registration District No. *4006* Registered No. *31*

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

(2) Full Name of Child. *Jas. Rudolph Eddo* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *No* (7) DATE OF BIRTH *Feb 26 1906*

FATHER: (8) FULL NAME *B B Eddo* (9) PRESENT POSTOFFICE OF FATHER *Beaufort SC* (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37* (12) BIRTHPLACE *SC* (13) OCCUPATION *mech wksn* (14) Number of children born to mother, including present birth *6*

MOTHER: (14) NAME BEFORE MARRIAGE *Mattie King* (15) PRESENT POSTOFFICE OF MOTHER *Beaufort SC* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (18) BIRTHPLACE *SC* (19) OCCUPATION *Domestic* (20) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Blue* on the date above stated. (Born alive or stillborn) *9:25 A.M.*

(23) (Signature) *J. J. Moore* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Beaufort SC*

Given name added from a supplemental report ..... 181 ..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed *Feb 29 1906* (28) *J. J. Moore* 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.

REGISTRAR 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.

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