

(1) PLACE OF BIRTH

County of AndersonTownship of EdenInc. Town of EdenCity of Eden

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

2979

Registration District No. 2 B Registered No. 11

(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

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

(4) Twin or triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2 26 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME H. W. Mc Coy(9) PRESENT POSTOFFICE OF FATHER Fickmont(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Fickmont(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Lea H. Shepherd(15) PRESENT POSTOFFICE OF MOTHER Fickmont(16) COLOR White (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 A M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. W. Mc Coy(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fickmont

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 28 22(28) S. S. Fleming

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

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