

Form No 1.

CERTIFICATE OF BIRTHCounty of Albemarle STATE OF SOUTH CAROLINA.Township of Cain Bureau of Vital StatisticsInc. Town of Cain State Board of HealthCity of Cain Registration District No. 2001 Registered No. 25
(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 Matty Eaddy { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 18 March 1914
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME Walter Smith(9) PRESENT POSTOFFICE OF FATHER Don't Know(10) COLOR OR RACE Colum (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 5**MOTHER.**(14) NAME BEFORE MARRIAGE Salina Eaddy(15) PRESENT POSTOFFICE OF MOTHER Scranton Sc R#9(16) COLOR OR RACE Colum (17) AGE AT LAST BIRTHDAY 13 (Years)(18) BIRTHPLACE Hanah Sc.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 5 all living**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Scranton Sc.

Given name added from a supplemental report

(26) Witness Janice Singletary

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

(27) Filed April 1 1914 (28) E. L. Montgomery

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.

MARGIN RESERVED FOR BINDING.

WHITING 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. THIS OTHER, No. 2, etc., in question 5.

-Craw. of Columbia