

Form No 1.

CERTIFICATE OF BIRTH

County of Florence STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52142

Township of Cain

Inc. Town of Cain

Registration District No. 2001

Registered No. 25 (For use of Local Registrar)

City of (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Maity Eaddy { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH 18th March 1914 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter Smith

(14) NAME BEFORE MARRIAGE Salina Eaddy

(9) PRESENT POSTOFFICE OF FATHER Dont Know

(15) PRESENT POSTOFFICE OF MOTHER Scranton Sc R#9

(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY (Years) 13

(12) BIRTHPLACE

(18) BIRTHPLACE Hanah Sc.

(13) OCCUPATION Farming

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

(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) Bassella Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Scranton Sc.

Given name added from a supplemental report

(26) Witness Janie 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. W. 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