

MAJOR RECORDS OF THE STATE  
WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD  
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN No. 1 THE OTHER No. 2, etc. in question 4  
Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lyle

Township of Lee Roy Creek

or  
Inc. Town of .....

or  
(City of .....

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

(2) Full Name of Child Kathleen Marshall Eddins (If child is not yet named, make  
hospital report as directed)

3. BOY OR GIRL Girl (4) Twin or Triplet one (5) Number in order of birth one (6) Are Parents Married yes (7) DATE OF BIRTH Feb 24 1923  
(Name of Month) (Day) (Year)

FATHER. MOTHER.

8. FULL NAME Tom Green Eddins (14) NAME BEFORE MARRIAGE Lottie Mae Hall

9. PRESENT POSTOFFICE OF FATHER Bethune S.C. (15) PRESENT POSTOFFICE OF MOTHER Bethune S.C.

10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Year) (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Year)

12. BIRTHPLACE Bethune S.C. (18) BIRTHPLACE Bethune S.C.

13. OCCUPATION Farming (19) OCCUPATION Domestic

20. Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at S. C. on the date above stated. (If stillborn, (Hour A. M. or P. M. ....)

(23) (Signature) Paul H. Hester (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bethune S.C.

(Given name added from a supplemental report)

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

(27) Filed Mar 10 1923 (28) Registrar P. H. Hester

\*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.