

Form No. 1

(1) PLACE OF BIRTH

County of Berkley  
 Township of 1st St. Stephens  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

63258

Registration District No. 7-2 Registered No. 31  
 (For use of Local Registrar)

(2) Full Name of Child Alfred Nathaniel Eady  
 (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? yes (7) DATE OF BIRTH June 8, 1916  
To be answered only in case of Twin or Triplets (None of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Arion Eady  
 (9) PRESENT POSTOFFICE OF FATHER St. Stephens, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE Berkley Co.  
 (13) OCCUPATION Rail road work  
 (20) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Annie Young  
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE Berkley Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elen T. Freeman

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Stephens, S.C.

Given name added from a supplemental report

(26) Witness A. M. Boykin  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 10, 1916 (28) R. M. Boykin Local Registrar

WRITE PLAINLY WITH READING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

\*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.