

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)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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  
 (Name of Month) (Day) (Year)

## FATHER.

(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 (Years)  
 (12) BIRTHPLACE Berkley Co.  
 (13) OCCUPATION Rail road work  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(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 (Years)  
 (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 still born) (Hour A. M. or P. M.)

(23) (Signature) Elen T. Freeman

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

Midwife St. Stephens, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Date June 10, 1916. (28) R. M. Boykin 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.

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.