

(1) PLACE OF BIRTH

County of OconeeTownship of Reo. Unionor
Inc. Town ofor
City of

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

(2) Full Name of Child Charlie Belle Eades

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 13, 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. B. Eades

(9) PRESENT POSTOFFICE OF FATHER West Union SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE Pickens

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Pearson

(15) PRESENT POSTOFFICE OF MOTHER West Union SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE Oconee

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary B. Chance(24) State whether Physician or Midwife(25) Address of Physician or Midwife West Union SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 14, 23(28) Sam. W. Smith

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.

U. S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.

Form No. 1 (1918)

U. S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.