

1. PLACE OF BIRTH

County of Florence

Township of Effingham

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
42812

Registration District No. 2.004

Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child Annie Eady

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? Yes

(7) DATE OF BIRTH Dec 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moses Eady

(9) PRESENT POSTOFFICE OF FATHER Timmermire, S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Florence County

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Cassie Williams

(15) PRESENT POSTOFFICE OF MOTHER Timmermire, S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Sumter County

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 o'clock P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lelia Jones

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Timmermire, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 15 1915 (28) D. C. Hice
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.

Registrar

Local Registrar.

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FORM NO. 4
WHILE PREPARED, WITH CARRYING INK, THIS IS A PERMANENT RECORD.

W. B.

N. B.

McGraw-Hill, Inc. 1915