

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

McCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Sumter  
Township of Privater  
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  
**74897**

Registration District No. 4404 Registered No. 95  
(For use of Local Registrar)  
St.; ..... Ward.

(2) Full Name of Child Emory Wilson Geddings  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH. <u>Aug. 25<sup>th</sup>, 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>J. Franklin Geddings</u>			(14) NAME BEFORE MARRIAGE <u>Nellie Henrietta Hudson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Findal A.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Findal A.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>			(18) BIRTHPLACE <u>Sumter Co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. F. Geddings  
(24) State whether Physician or Midwife Father (25) Address of Physician or Midwife Findal A.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 5<sup>th</sup> 1916 (28) Alas B. Holt  
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.