

Form No 1.

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
 Township of Count Down Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar

45815

Inc. Town of Registration District No. 1203 Registered No. 17
 (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Genevieve White Eddins 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? No (7) DATE OF BIRTH Jan 25
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME unknown
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Eddins
 (15) PRESENT POSTOFFICE OF MOTHER McFarlan NC RT 1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Charleston Co SC
 (19) OCCUPATION farm hand
 (21) Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha M. Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid Wife McFarlan NC RT 1

Given name added from a supplemental report

(26) Witness D. P. Brown
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Jan 26 1916 (28) J. E. Mulloy
 Registrar 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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. E.—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.
 Gov. of Columbia.