

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Bishopor
Inc. Town of Bishopville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35298

Registration District No. 309Registered No. 28

(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 Cleveland Eckles

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

(3) ☒ BOY
☐ GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Oct 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMECleveland Eckles(9) PRESENT
POSTOFFICE
OF FATHERBishopville S.C.(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY33
(Years)

(12) BIRTHPLACE

Lee Co

(13) OCCUPATION

Day Labor(20) Number of children born
Mother, including present birth5

MOTHER.

(14) NAME BEFORE
MARRIAGERachel Williams(15) PRESENT
POSTOFFICE
OF MOTHERBishopville S.C.(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY29
(Years)

(18) BIRTHPLACE

Lee Co

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Julia Felder Smith

(24) State whether Physician or Midwife

Bishopville

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Oct 25 1922(28) Wm. H. J. Loney
Local Registrar*Where 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 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.

RECEIVED OF COLUMBIA, CAROLINA, S. C.