

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Liberty  
 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

19841

Registration District No. 3765Registered No. 76  
(For use of Local Registrar)(2) Full Name of Child Waneta McEacha

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

3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

June 27, 1922  
(Time of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Carmell Benton McEacha

(9) PRESENT POSTOFFICE OF FATHER

Liberty, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25  
(Years)

(12) BIRTHPLACE

Pickens, Co., S.C.

(13) OCCUPATION

Textile

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sadie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Liberty, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Domestic

(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 Aline at 3 A. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. A. Sheldon, M.D.(24) State whether Physician or ~~Midwife~~(25) Address of Physician or ~~Midwife~~Liberty SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 8, 1922

(28)

John T. Boyce  
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.

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.

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.

McGraw-Hill, Columbia, S. C.