

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH *Tans Bay*  
 County of *Florence*  
 Township of *Tans Bay*  
 or  
 Inc. Town of *Florence*  
 or  
 City of *Florence*  
 (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  
**72798**

Registration District No. *2014* Registered No. *37*  
 (For use of Local Registrar)

(2) Full Name of Child *Williams Eckles* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *August 28, 1916*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Evander Eckles*  
 (9) PRESENT POSTOFFICE OF FATHER *Bannockburn*

(10) COLOR OR RACE *color* (11) AGE AT LAST BIRTHDAY *16* (Years)

(12) BIRTHPLACE *Bannockburn*

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE *Rosale Eckles*

(15) PRESENT POSTOFFICE OF MOTHER *Bannockburn*

(16) COLOR OR RACE *color* (17) AGE AT LAST BIRTHDAY *16* (Years)

(18) BIRTHPLACE *Tans Bay*

(19) OCCUPATION *Farming*

(21) Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *3 o'clock* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mid wife Amy Brooks* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Bannockburn*

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness *Adair Wilson* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug 6* 191..... (28) *De Vries* 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.