

(1) PLACE OF BIRTH Toms Bay **CERTIFICATE OF BIRTH**
 County of Florence STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Toms Bay S.C. State Board of Health
 or
 Inc. Town of Florence Registration District No. 2014 Registered No. 37
 (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.)

File No. — For State Registrar Only
 72798

(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? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH August 28, 1916
 To be answered only in case of Twin or Triplets Aug. (Name of Month) 28 (Day) 1916 (Year)

FATHER.

MOTHER.

(8) FULL NAME Evander Eckles

(14) NAME BEFORE MARRIAGE Rosade Eckles

(9) PRESENT POSTOFFICE OF FATHER Bannockburn

(15) PRESENT POSTOFFICE OF MOTHER Bannockburn

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

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

(12) BIRTHPLACE Bannockburn

(18) BIRTHPLACE Toms Bay

(13) OCCUPATION _____

(19) OCCUPATION Farming

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

(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 born ..., at 3 o'clock P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife Midwife Amy Brooks (25) Address of Physician or Midwife Bannockburn S.C.

Given name added from a supplemental report _____

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

(27) Filed Aug 6 191... (28) De Vee 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. 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.