

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH 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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		66026	
Bureau of Vital Statistics		State Board of Health			
Township of		Registration District No. <u>38A</u>		Registered No. <u>1262</u>	
Inc. Town of		St. <u>6 Sta 2</u>		(For use of Local Registrar)	
OR <u>Bluff road</u>		(No. <u>6 Sta 2</u>)		Word	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Juel Eddings</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 21, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. R. Eddings</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Todd</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S. C. Sta 9</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S. C. Sta 9</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Chestfield S. C.</u>		(18) BIRTHPLACE <u>harry co S. C.</u>			
(13) OCCUPATION <u>furniture collector</u>		(19) OCCUPATION <u>house work</u>			
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lilla Dixon</u>		(24) State whether Physician or Midwife <u>midwife</u>			
(25) Address of Physician or Midwife <u>1718 Wheat St</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Lilla Dixon</u>			
..... 19		(27) Filed <u>6/30/16</u> (28) <u>Local Registrar</u>			
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.					

RECEIVED OF COLUMBIA, S. C.