

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 8.

(1) PLACE OF BIRTH

County of Pickens
Township of Cady
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

31830

Registration District No. 2702

Registered No. 102
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child Irish Marie Eskew

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 Sept. 14, 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Samuel E. Eskew

(14) NAME BEFORE MARRIAGE Belle Elizabeth Bessie B Thompson

(9) PRESENT POSTOFFICE OF FATHER Easley R#3

(15) PRESENT POSTOFFICE OF MOTHER Easley R#3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or still born) (Hour A. M. or P. M.) 8 A.M.

off 8-16-22

(23) (Signature) J. B. Bolt
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easley

Given name added from a supplemental report

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

(27) Filed Oct. 2, 1922 (28) E. H. Wyatt 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.

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