

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.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
Township of St James
OR
Inc. Town of W Charleston
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41388

Registration District No. Registered No. 107
(For use of Local Registrar)

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

(2) Full Name of Child Sam Eady Jr 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Sam Eady
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Charleston Co
(13) OCCUPATION Day Laborer
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE See Brown
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Charleston Co
(19) OCCUPATION Farm Laborer
(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 Born alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phibby Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report
.....
.....
.....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 29 1922 (28) Geo E Beckman 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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.