

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Register Card	
County of <u>Flambee</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		24440	
Township of <u>Lynch</u>		Registration District No. <u>1010</u>		Registered No. <u>39</u> (For use of Local Registrar)	
City of <u>...</u>		(No. <u>...</u> St. <u>...</u> Ward <u>...</u> )			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Ethel Eckles</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth <u>4</u>	(6) Age <u>42</u>	(7) DATE OF BIRTH <u>Aug. 12, 1913</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>William Eckles</u>			(14) NAME BEFORE MARRIAGE <u>Albena Eaddy</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Cowards, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Cowards, S.C.</u>		
(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(12) BIRTHPLACE <u>S.P.</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>	(18) BIRTHPLACE <u>S.P.</u>
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</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> <u>89</u> M. on the date above stated. (Born <u>alive</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Maggie E. Eaddy</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (For address of Physician or Midwife) <u>Cowards S.C.</u>					
Given name added from a supplemental report <u>E. P. Thompson</u>					
(25) Witness <u>E. P. Thompson</u>					
(26) (Signature of Witness necessary only when question 25 is signed) <u>E. P. Thompson</u>					
(27) Filed <u>Aug. 18, 1913</u>					

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of children before the fifth month of pregnancy.