

FORM NO. 1.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Long Laneor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
50881Registration District No. 107Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Ben. Eakin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

Take answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Mar. 25

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Eakin

(9) PRESENT POSTOFFICE OF FATHER

Abbeville P. #5

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Abbeville Co S.C.

(13) OCCUPATION

Farming

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

{ 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Belcher

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville P. #5

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Abbeville Co S.C.

(19) OCCUPATION

house wife

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

{ 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ware

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wifehodge P. #1.

Given name added from a supplemental report

(26) Witness B. E. Eakin

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

(27) Filed Mar 30 1918 (28) E. H. Miller

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.

M. 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.