

(1) PLACE OF BIRTH

County of *Wayne*Township of *Germania*or
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
83863Registration District No. *1304*Registered No. *149*

(For use of Local Registrar)

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

(2) Full Name of Child *Richard Evans Eaddy*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Willie D Eaddy*(9) PRESENT POSTOFFICE OF FATHER *Exceller SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *40* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lou Perry*(15) PRESENT POSTOFFICE OF MOTHER *Exceller SC*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *31* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) 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 *born* at *2 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Philip A. Davis*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Exceller SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

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

WRITING 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.

Bureau of Columbia