Form No. 6

(1) PLACE OF BIRTH

County of Allendale

Township of Allendale

or Inc. Town of Fairfax SC

or 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

30821

Registration District No. 4601 Registered No. 44

(For use of Local Registrar)

(No. ..... St.) (Ward)

(2) Full Name of Child Bertha Eady

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

(3) SEX OF CHILD	(4) TWIN OR TRIPLET	(5) NUMBER IN ORDER OF BIRTH	(6) LEGITIMATE	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl	One	2	Yes	Oct	20th	1922

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Willie Eady

(9) PRESENT RESIDENCE OF FATHER Fairfax S.C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Fairfax S.C

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 12

MOTHER.

(14) MAIDEN NAME Elsie Eady

(15) PRESENT RESIDENCE OF MOTHER Fairfax S.C

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Fairfax S.C

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Fairfax SC

Given name added from a supplemental report

..... 19....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 8 1923. (28) ..... 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.