

Form No. 10.

MARGIN RESERVED FOR BINDING.

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. THIS OFFICE, No. 2, etc., in question 5.

Cav. of Columbia.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Sumter  
 or  
 Inc. Town of M  
 or  
 City of 11 (No. 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  
47562

Registration District No. 4108 Registered No. 4  
 (For use of Local Registrar)  
 City of 11 (No. of  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child Lillian Lumm Edens child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 15, 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Robert Manning Edens  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S. C. R. F. D. #3  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Years)  
 (12) BIRTHPLACE Marion Co. S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth ninth

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lily Ardell Fraser  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S. C. R. F. D. #3  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Marlboro Co. S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth nine

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3.30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur Chivers  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S. C.

Given name added from a supplemental report  
as affd 7/10/21  
[Signature]  
 Registrar

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

(27) Filed Jan 1916 (28) [Signature] 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.

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