

Form No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of Waverley  
 Inc. Town of South Carolina  
 City of Columbia

(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

Registration District No. 382File No.—For State Registrar Only  
**37432**Registered No. 288  
(For use of Local Registrar)(2) Full Name of Child Edward Robert Hall

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

(3) SEX OF CHILD  
Male

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?  
Yes

(7) DATE OF BIRTH

BIRTH Nov 12 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Eds. Hall

(9) PRESENT POSTOFFICE OF FATHER

Edwards Postoffice

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Schuffor

(13) OCCUPATION

Black Star S.C.

## MOTHER.

(14) NAME BEFORE MARRIAGE

Leola Pickens

(15) PRESENT POSTOFFICE OF MOTHER

Edwards Postoffice

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

House Work

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

Four

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Star

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife19' Elmore Ave.

Given name added from a supplemental report

(26) Witness

Julie Holloway  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 26 1927(28) D. J. Sloan(29) 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.

MARGIN RESERVED FOR BINDING.  
 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 2.