

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Wine

Inc. Town of .....

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

24295

Registration District No. 1813 Registered No. 23  
(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug 19 1933</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Julie Jenkins</u>	(14) NAME BEFORE MARRIAGE <u>Estelle Borum</u>	(14) FULL NAME <u>Estelle Borum</u>	(14) NAME BEFORE MARRIAGE <u>Estelle Borum</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>12</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>12</u> (Years)
(18) BIRTHPLACE <u>Edgefield</u>	(19) BIRTHPLACE <u>Edgefield</u>	(18) BIRTHPLACE <u>Edgefield</u>	(19) BIRTHPLACE <u>Edgefield</u>
(20) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>House wife</u>	(20) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>House wife</u>
(22) Number of children born to mother, including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>	(22) Number of children born to mother, including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Dr. H. H. Johnson

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(29) Filed 9/10/33 (30) Dr. H. H. Johnson 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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N. B. — In case of TWINS OR TRIPLETS, and in case of stillbirths, see question 1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, fill in the name of the child.