

Form No. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Cheslerfield STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics

Township of Court House State Board of Health

or  
Inc. Town of ..... Registration District No. 1203 Registered No. 72  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward.)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edmund Townsends 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? Yes (7) DATE OF BIRTH April 24  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Townsends

(9) PRESENT POSTOFFICE OF FATHER McFarlan Mc

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Cheslerfield Sc

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Williams

(15) PRESENT POSTOFFICE OF MOTHER McFarlan Mc

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Union Co Mc

(19) OCCUPATION Farmer Land

(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 alive at 8 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Churaw S O R T

J. D. Brock

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

(27) Filed May 11 1916 (28) J. E. Mulvey Local Registrar

Given name added from a supplemental report

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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 BIRTH'S.

WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. R.—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.

McClaw, of Columbia.