

(1) PLACE OF BIRTH

County of Charleston

Township of

or Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Viola Edgfield

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

(3) SEX OF CHILD girl(4) Type of Twins ☒ To be reported only in event of Twins or Triplets(5) Number in order of birth ☒(6) Are Twins Monochorionic yes(7) DATE OF BIRTH Nov. 1, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Israel Edgfield(9) PRESENT RESIDENCE OF FATHER Charleston, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 21(12) BIRTHPLACE Danbury, S.C.(13) OCCUPATION Fireman - (Stationary Engineer)(14) Number of children born to mother, including present birth Two (2)

MOTHER.

(15) NAME BEFORE MARRIAGE Eloise Parker(16) PRESENT RESIDENCE OF MOTHER Charleston, S.C.(17) COLOR OR RACE Colored(18) AGE AT LAST BIRTHDAY 20(19) BIRTHPLACE Charleston, S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) Wm. M. Thorne(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 85 Monmouth, Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed 11/4 1923 Registrar

When there was no attending physician or midwife, then the father, household head, or some other person, 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.

No. 1. THE OTHER, No. 2. etc. in question 1.

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