

Form No. 1

(1) PLACE OF BIRTH

County Beaufort
 Township of Beaufort
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
35840

Registration District No. 3505

Registered No. 138
 (For use of Local Registrar)

(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 Edron Edward Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 34 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 8 1922
 (Name of Month) (Day) (Year)

FATHER:
 (8) FULL NAME MD Smith
 (9) PRESENT POSTOFFICE OF FATHER Wynnton
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Beaufort
 (13) OCCUPATION Hammer

MOTHER:
 (14) NAME BEFORE MARRIAGE Imma Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Wynnton S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Beaufort
 (19) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth 4

(20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 P.M. (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Ma Vernon
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 17 1922 (28) Deafreder 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.