

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or Greenville
Inc. Greenville
or Greenville
City of Greenville

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

File No.—For State Registrar Only

28508

Registration District No. Registered No. 27092
(For use of Local Registrar)
Moore (No. 11 St. Bartholomew)

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

(2) Full Name of Child James A. Edge

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

(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH July 23 1923
To be answered only in event of Twin or Triplet (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Edge
(9) PRESENT POSTOFFICE OF FATHER Greenville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Herbert Rose
(15) PRESENT POSTOFFICE OF MOTHER Greenville SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) the date above stated.

(23) (Signature) Geo J. Mason
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 23 1923 (28) A. J. Mackey 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.

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.