

Form No. 1.

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

County of Edgewood

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Wheeler

File No.—For State Registrar Only  
**52028**

Inc. Town of ..... Registration District No. 4 ..... Registered No. 1806  
(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 Dr. Darius Atkinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of Birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME John Atkinson

(9) PRESENT POSTOFFICE OF FATHER Callers

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 55 (Years)

(12) BIRTHPLACE Edgewood

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annie Fleming

(15) PRESENT POSTOFFICE OF MOTHER Callers

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Edgewood

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vernon J. Miller  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
Fred 1916  
W. Miller Registrar

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

(27) Filed Mar 15 1916 (28) Mrs. P. A. ... 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.  
McCaw, of Columbia.

THIS PLACE TO BE FILLED IN BY THE REGISTRAR