

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Edwards

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No.

(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 Robert Lee

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 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 31 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Lee(9) PRESENT POSTOFFICE OF FATHER Edwards(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE Edwards(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian(15) PRESENT POSTOFFICE OF MOTHER Edwards(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rocelia Shaw(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edwards

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 9 1924(28) R. H. Shady

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.