

PLACE OF BIRTH

W. C. Hornum
Boileau
 TOWN OF

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35469

Registration District No. *4500*Registered No. *121*
(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.)

Full Name of Child

Janet Edmonds Jr.

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

(4) Twin or Triplet? *No*
 To be answered only in event of Twin or Triplet

(3) Number in order of birth *3*(6) Sex *Female*

DATE OF BIRTH *Oct 11 1922*
 (Month) (Day) (Year)

FATHER

Boyle Edmonds

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE *White*
 BIRTHPLACE *D.C.*
 OCCUPATION *Farmer*

(11) AGE AT LAST BIRTHDAY *20*
(Year)

MOTHER

(14) NAME BEFORE MARRIAGE *Janie P. Boyle*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *White*
 BIRTHPLACE *D.C.*

(17) AGE AT LAST BIRTHDAY *24*
(Year)(19) OCCUPATION *Wife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Janet* at *7 P.M.* on the date above stated.
 (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) *B. D. Matteson M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) *Oct 11 1922* (28) *B. D. Matteson*

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.