

Form No. 1

## (1) PLACE OF BIRTH

County of Aiken.....  
 Township of Langley....  
 or  
 Inc. Town of.....  
 or  
 City of Langley S.C.  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

31434

Registration District No. 2.1.7.A. Registered No. 153....  
 (For use of Local Registrar)

(2) Full Name of Child Edward Easter.....

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

(3) BOY OR GIRL <u>Boy</u>	(4) Type of Twins <u>—</u> To be approved only in case of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Sex of Child <u>Male</u>	(7) DATE OF BIRTH <u>Apr 23 1923</u> (Name of Month) (Day) (Year)
PATHER.			MOTHER.	
(8) FULL NAME <u>W. B. Easter</u>	(14) NAME BEFORE MARRIAGE <u>Mildred Williams</u>			
(9) PRESENT RESIDENCE OF FATHER <u>Langley S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Langley S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(12) BIRTHPLACE <u>Aiken S.C.</u>		(18) BIRTHPLACE <u>Aiken S.C.</u>		
(13) OCCUPATION <u>Cotton Mill Oper</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wattie Stephens(24) State whether Physician or Midwife  
Midwife(25) Address of Physician or Midwife  
Warrenville S.C.

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 1 1923 (28) J. W. Spradley  
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.