

## (1) PLACE OF BIRTH

County of FlorenceTownship of Union

Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2.15

File No. — For State Registrar Only

42484Registered No. 113  
(For use of Local Registrar)

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 Edward Bangman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 8  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Edward Bangman (14) NAME BEFORE MARRIAGE Hester Bangman  
(9) PRESENT POSTOFFICE OF FATHER Simmonsville (15) PRESENT POSTOFFICE OF MOTHER Simmonsville  
(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33  
(12) BIRTHPLACE Yangon (18) BIRTHPLACE Yangon  
(13) OCCUPATION farmer (19) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....  
on the date above stated. (Born alive or stillborn) alive (Hour A. M. or P. M.) 11(23) (Signature) Eliza Virgie(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Eliza Virgie

Given name added from a supplemental report

(26) Witness R. H. Nelson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 19 1911 (28) R. H. Nelson  
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.

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