

## (1) PLACE OF BIRTH

County of AndersonTownship of Mountain

Inc. Town of .....

City of .....

(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 Register Only

2834

Registration District No. 307 Registered No. 9

(For use of Local Registrar)

City of .....

(2) Full Name of Child Edgar Bee 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 19 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Paul Bee(9) PRESENT POSTOFFICE OF FATHER Ira = 4 S. 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Tina Campbell(15) PRESENT POSTOFFICE OF MOTHER Ira = 4 S. 4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. R. D. - self (24) State whether Physician or Midwife (25) Address of Physician or Midwife Home Cash 89

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb. 28 (28) R. P. Robinson 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.