

## (1) PLACE OF BIRTH

County of *Frederick*Township of *Broadway*

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *801*

File No.—For State Registrar Only

*40706*Registered No. *3-8*  
(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 *Edna Allie Styles*

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

(3) BOY OR GIRL *Girl*(4) Twin or Triplet? *✓*(5) Number in order of birth  
To be answered only in case of Twins or Triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *11-14-32*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *J. Patton Styles*(9) PRESENT POSTOFFICE OF FATHER *Bethel S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *44*  
(Years)(12) BIRTHPLACE *Bethel S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *6*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Pauline Campbell*(15) PRESENT POSTOFFICE OF MOTHER *Bethel S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *36*  
(Years)(18) BIRTHPLACE *Bethel S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at *3:30 P.M.*,  
on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)(23) (Signature) *N. Campbell M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Bethel 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 *Jan 10 1933* (28) *W. Campbell*  
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.

Registrar

27. Filed

1933

Local Registrar

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