

(1) PLACE OF BIRTH

County of Marlboro,Township of Smithville,or
Inc. Town ofor
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 Registrar Only

78345

Registration District No. 3306 Registered No. 101

(For use of Local Registrar)

(2) Full Name of Child Edel Cole

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

(3) BOY OR GIRL?

Boy,

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Aug. 24/1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ed Cole,

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville, S.C.

(10) COLOR OR RACE

White,(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farming,

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Denney,

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville, S.C.

(16) COLOR OR RACE

White,(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work,

(20) Number of children born to mother, including present birth

9.

(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 alive, at 1.30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lena Souther,

(24)

State whether Physician or Midwife
Midwife,

(25) Address of Physician or Midwife

Bennettsville, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 14/1916

(28)

W. H. Priest
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 5.
McGAW OF COLUMBIA, COLUMBIA, S. C.