

(1) PLACE OF BIRTH

County of Marion

Township of

or

Inc. Town of

or

City of Barnettville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31271

Registration District No. 33 ARegistered No. 87
(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 Lula Edge

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

3) BOY OR GIRL Girl4) Twin or Triplet? 15) Number in order of birth
To be answered only in event of Twin or Triplet6) Are Parents Married? yes7) DATE OF BIRTH 9/30/22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jack Edge9) PRESENT POSTOFFICE OF FATHER Barnettville, S.C.10) COLOR OR RACE white11) AGE AT LAST BIRTHDAY 31
(Years)12) BIRTHPLACE S. Car13) OCCUPATION Farmer20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Eula Huggins15) PRESENT POSTOFFICE OF MOTHER Barnettville, S.C.16) COLOR OR RACE white17) AGE AT LAST BIRTHDAY 15
(Years)18) BIRTHPLACE S. Car19) OCCUPATION Housewife21) 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 live on the date above stated.
(Born alive or stillborn) (Hour * M. or P. M.)(23) (Signature) Dr. J. H. White(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Barnettville, 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 Oct. 18 1922(28) Mr. J. H. White
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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