

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leroy Edgefield

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Edgefield(9) PRESENT POSTOFFICE OF FATHER 3 1/2 Rehkopf Alley(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Kenai(13) OCCUPATION Lawyer(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Dallas(15) PRESENT POSTOFFICE OF MOTHER 3 1/2 Rehkopf Alley(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Kenai(19) OCCUPATION washerwoman(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 8/12/22 (28) 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.