

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
 Township of
 or
 Inc. Town of Edgefield
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

3707

Registration District No. 18A

Registered No. 6
 (For use of Local Registrar)

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

(2) Full Name of Child Johnnie P. Peterson

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 Feb. 13, 1933
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jno Peterson

(14) NAME BEFORE MARRIAGE Mary Lou Jeldell

(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Year)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE Edgefield

(13) OCCUPATION Laborer

(19) OCCUPATION House wife

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

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jno P. Edwards

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

19
 Registrar

(27) Filed 3/14/33 (28) C. D. Frank
 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.

RECORD OF BIRTHS AND DEATHS IN THE STATE OF SOUTH CAROLINA. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.