

Form No. 1

(1) PLACE OF BIRTH

County of *Lee*Township of *Upper*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7619

Registration District No. *3001* Registered No.
(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 *Edie May Wingate*

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

(7) BOY OR GIRL <i>girl</i>	(8) Twin or Triplet	(9) Number in order of birth <i>2</i>	(10) Are Parents Married <i>Yes</i>	(11) DATE OF BIRTH <i>Feb. 21, 1923</i> (Name of Month) (Day) (Year)
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FATHER

(6) FULL NAME *Dani's wingate*(7) PRESENT POSTOFFICE OF FATHER *Laurin*(10) COLOR OR RACE *cal*(11) AGE AT LAST BIRTHDAY *25*
(Years)(12) BIRTHPLACE *Darlington*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *2*

MOTHER

(14) NAME BEFORE MARRIAGE *Janie Bristow*(15) PRESENT POSTOFFICE OF MOTHER *Laurin*(16) COLOR OR RACE *cal*(17) AGE AT LAST BIRTHDAY *21*
(Years)(18) BIRTHPLACE *Darlington*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M.,
on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))(23) (Signature) *Heretta Warron*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *7/21* to *23* (28) *21* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF STATISTICS, Columbia, S. C.