CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50604

(1) PLACE OF BIRTH
County of Sumter
Township of Shilon
or
Inc. Town of .....
or
City of .....

Registration District No. 107 Registered No. 1079
(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. Edwina Vermell Atkinson — If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Feb. 28 1916

FATHER.

(8) FULL NAME: L. A. Atkinson
(9) PRESENT POSTOFFICE OF FATHER: Shilon, S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Sumter Co
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Dale Johnson
(15) PRESENT POSTOFFICE OF MOTHER: Shilon, S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 32 (Years)
(18) BIRTHPLACE: Clarendon Co
(19) OCCUPATION: Housekeeping
(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 11 ..... M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lidaie L. Truesdell

(24) State whether Physician or Midwife: Mid Wife
(25) Address of Physician or Midwife: Shilon, S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Mar 7 1916 (28) L. L. McElveen
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.

(Copy from original on journal)

Form No. 10.
McCaw, of Columbia.

NATION REGISTRATION NOT INSURED.
NOTICE: PLEASE WRITE UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.