

## (1) PLACE OF BIRTH

County of York  
 Township of Burnettsville  
 OR  
 Inc. Town of Burnettsville  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35612

Registration District No. 334 Registered No. 94  
 (For use of Local Registrar)

(No. James 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 Heber Frank Edson

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 9 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. E. Edson  
 (9) PRESENT POSTOFFICE OF FATHER Burnettsville, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE St. Matthews  
 (13) OCCUPATION Carpenter  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Charles  
 (15) PRESENT POSTOFFICE OF MOTHER Burnettsville  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Union  
 (19) OCCUPATION None  
 (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 born alive at 5:35 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. P. Kirkpatrick  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Burnettsville

Given name added from a supplemental report Heber Frank Edson

(26) Witness Dr. J. H. Pate (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Dr. J. H. Pate 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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