

(1) PLACE OF BIRTH

County of AndersonTownship of Garneror
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5010

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Edna

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Coulton
(9) PRESENT POSTOFFICE OF FATHER Lifty S.C.A. 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Marena Hawthorn
(15) PRESENT POSTOFFICE OF MOTHER Lifty S.C.A. 2
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 5
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. L. L. L.(24) State whether Physician or Midwife(25) Address of Physician or Midwife Lifty S.C.A. 2

Given name added from a supplemental report

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

(27) Filed (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.