

(1) PLACE OF BIRTH

County of Anderson  
Township of Garnett  
or  
Inc. Town of.....  
or  
City of.....

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)

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or institution, give name of same instead of street and number.)

(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 — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH July 21 1928  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Claude Coulton  
(9) PRESENT POSTOFFICE OF FATHER Lipley S.C. 12  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
(Year)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Furrier  
(20) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Marena Hawthorn  
(15) PRESENT POSTOFFICE OF MOTHER Lipley S.C. 12  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(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 born alive..... at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Allison  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lipley S.C. 12

Given name added from a supplemental report  
.....  
..... 19  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed ..... 19 ..... (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.

FIRST-BORN. No. 1. THE STATE OF SOUTH CAROLINA. Columbia, S. C.