

## (1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.  
 Township of Edisto Island Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
71796

Inc. Town of ..... Registration District No. 902 Registered No. 167  
 or ..... (For use of Local Registrar)  
 City of ..... (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 Buddy Major { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug. 15-6</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Isaac Major  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE D.K.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Wright  
 (15) PRESENT POSTOFFICE OF MOTHER Edisto Island  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
 (18) BIRTHPLACE Edisto Isl.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Charlotte Major  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Edisto Isl.

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

(27) Filed Aug 15 1916 (28) J. A. Whaley  
 Registrar Local Registrar

Given name added from a supplemental report

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.