

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of Sheltonor  
Inc. Town ofor  
City of Shelton

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

(2) Full Name of Child James H. Edrington (No. 1900 Registered No. 41 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 8, 1923 (Name of Month) (Day) (Year)FATHER. (8) FULL NAME James Edrington (9) PRESENT POSTOFFICE OF FATHER Shelton, S. C. (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 53 (Year) (12) BIRTHPLACE Blair, S. C. (13) OCCUPATION Public Work (14) NAME BEFORE MARRIAGE Ida Coleman (15) PRESENT POSTOFFICE OF MOTHER Shelton, S. C. (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Year) (18) BIRTHPLACE Shelton, S. C. (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth 4 (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 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Menden (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shelton, S. C.

(26) Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) Mrs. B. M. Fausette(28) Filed July 25, 1923 (29) 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.