

Form No. 1

(1) PLACE OF BIRTH

County of AikenTownship of Rocky River

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7-07

File No.—For State Registrar Only

9061

Registered No. 10

(For use of Local Registrar)

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

(2) Full Name of Child Jimmie Edison

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ☒ (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Apr. 15, 20
(Name) (Month) (Day) (Year)

FATHER
(8) FULL NAME Melton Edison

(9) PRESENT POSTOFFICE OF FATHER Salley, S. R.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Year)

(12) BIRTHPLACE S. R.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Alie Edison

(15) PRESENT POSTOFFICE OF MOTHER Salley, S. R.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Year)

(18) BIRTHPLACE S. R.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alie at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Josephine X Lyle
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Springfield, S. C.

Given name added from a supplemental report

(25) Witness Chas. H. Salley
(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Apr. 17, 20 (27) Chas. H. Salley
Registrar 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.