

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Wellston  
 Inc. Town of Jefferson  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for this Register  
 2853

Registration District No. 314 Registered No. 3  
 (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 Pelham Eugene Edmunds If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Sex or Name <u>Male</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Feb 5, 1923</u>
(7) FULL NAME <u>Vernon M. Edmunds</u>		(8) NAME BEFORE MARRIAGE <u>Willie McHugh</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Jefferson</u>		(10) PRESENT POST OFFICE OF MOTHER <u>Jefferson</u>	
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>37</u>	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>30</u>
(15) BIRTHPLACE <u>SC.</u>		(16) BIRTHPLACE <u>SC.</u>	
(17) OCCUPATION <u>Carpenter</u>		(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>7</u>		(20) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Date Feb 12, 1923 (27) J. B. Martin

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 sixth month of pregnancy.

(28) Feb 12, 1923 (29) J. B. Martin

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