

(1) PLACE OF BIRTH

County of Marlboro CoTownship of Brownsvilleor Inc. Town of Brownsvilleor City of Brownsville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

15949

Registration District No. Registered No.

(For use of Local Registrar)

(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 Edmund

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

To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edmund(9) PRESENT POSTOFFICE OF FATHER Waller SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Marlboro Co(13) OCCUPATION owner

MOTHER.

(14) NAME BEFORE MARRIAGE Laura E. Black(15) PRESENT POSTOFFICE OF MOTHER Waller SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Marlboro Co(19) OCCUPATION Farmer & House(20) Number of children born to mother, including present birth 3(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 born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State Physician or Midwife(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(19) Registrar

(27) Filed May 19 1922 (28) [Signature] 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.

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