

## (1) PLACE OF BIRTH

County of Albion  
 Township of Lyons  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2031

Registration District No. 4608Registered No. 17  
(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 Messie Ed. John Edy. Fandy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? Twin (5) Number in order of birth Two (6) Are Parents Married? Y (7) DATE OF BIRTH Feb. 26 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edy. Faust  
 (9) PRESENT POSTOFFICE OF FATHER Burns SC RFD  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Year)  
 (12) BIRTHPLACE Hampton Co.  
 (13) OCCUPATION Laborer.

## MOTHER.

(14) NAME BEFORE MARRIAGE Hallie Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Burns SC RFD  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Year)  
 (18) BIRTHPLACE Albion  
 (19) OCCUPATION Housekeeper  
 (20) Number of children born to mother, including present birth Two  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hallie F. Mules  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burns SC RFD

Given name added from a supplemental report:

(26) Witness

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

(27) File

7-2625-10-22

(28)

J. C. Mayes

(29)

Local Registrar

When there was no attending physician or midwife, then the father, householder, or should make this return. If a child breathes even once, it must not be reported as a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.