

(1) PLACE OF BIRTH

County of SaludaTownship of #. 2or
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.: Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3901

File No.—For State Registrar Only

2413

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Eileen Edson

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

(3) BOY OR
GIRL girl(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Jan. 26 1932
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL
NAME Loonie Edson(9) PRESENT
POSTOFFICE
OF FATHER Batesburg S C(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 24
(Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth12

MOTHER.

(14) NAME BEFORE
MARRIAGE Ella Miller(15) PRESENT
POSTOFFICE
OF MOTHER Batesburg S C(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 21
(Years)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Sant(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife BatesburgGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed or mark)(27) Filed Feb 4 1932(28) F. W. Louch

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.

MAKING REGISTRATION FOR BIRTHS, DEATHS, AND MARRIAGES, AND THE RECORDS THEREOF, IS A DUTY OF THE VITAL STATISTICAL BUREAU OF THE STATE BOARD OF HEALTH, AND THE RECORDS THEREOF ARE THE PROPERTY OF THE STATE.

WRITER PLAINLY, IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE LINE FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. Third offspring, No. 3, etc., in question 8.

REGISTERED BY: Saluda Co.