

Form No. 1

(1) PLACE OF BIRTH

County of ChristiansburgTownship of Allegheny

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

41621

Registration District No. Registered No. 11

(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

Edward Spencer Freeman

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 30 22</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME Lawrence Freeman(9) PRESENT POSTOFFICE OF FATHER Middendorf(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE M(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3MOTHER.
(14) NAME BEFORE MARRIAGE Julia Dwyche Brum(15) PRESENT POSTOFFICE OF MOTHER Middendorf(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE M(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5th M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. H. Harwood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) B. H. Harwood 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.

N. B.—In case of TWINS OR TRIPLETS, give name of each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.