

(1) PLACE OF BIRTH

County of Horry STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Dagwood Neck State Board of Health

File No.—For State Registrar Only

90360

or
 Inc. Town of Registration District No. 7574 Registered No. 46
 or
 City of (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 "Unnamed" Edge { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Dec. 28, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. Scarborough Edge(9) PRESENT POSTOFFICE OF FATHER Nisonville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Horry Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Delta McDowell(15) PRESENT POSTOFFICE OF MOTHER Nisonville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Horry Co., S.C.(19) OCCUPATION Housewife(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 born alive M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. D. H. Chestnut X(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nisonville, S.C.

Given name added from a supplemental report

(26) Witness F. S. Edge
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/29/16 (28) B. Washell Todd
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.