

## (1) PLACE OF BIRTH

County of Horry  
Township of Daguerre

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90360

Inc. Town of ..... Registration District No. 7527 Registered No. 46  
(For use of Local Registrar)  
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  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME F. Scarborough Edge(9) PRESENT POSTOFFICE OF FATHER Nisomville, 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 Oelta McDowell(15) PRESENT POSTOFFICE OF MOTHER Nisomville, 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 5 a M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. H. Chestnut(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nisomville, S.C.

Given name added from a supplemental report

(26) Witness F. S. Page  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/29/16 (28) B. H. Ashcraft, 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.

WHITE FLANK, 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.