

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro...Township of Hebron...

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

4605

Registration District No. 330.4 Registered No. 28

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Edwin Theodore

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 28, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Larence Theodore(9) PRESENT POSTOFFICE OF FATHER Clis. S C(10) COLOR OR RACE Bl (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE 3 C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 23

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jane M. Rae(15) PRESENT POSTOFFICE OF MOTHER Clis. S C(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE 3 C(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Edwin Theodore at 4:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Midwife Polly C. W. W. W.

(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 22 is signed by mark)

(27) Date March 3, 1923 (28) W. H. Wood 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH A PENCIL. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1 FROM OTHER. NO. 2, ETC. IN QUESTION 4.