

Form No 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of FairviewOR
Inc. Town ofOR
City of Fontaineau Inn

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43002

Registration District No. 2206Registered No.
(For use of Local Registrar)(2) Full Name of Child Hellen Owings Edwards

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

(3) BOY OR GIRL? Girl (4) Twin or triplet? One (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH December 13
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank F. Edwards(9) PRESENT POSTOFFICE OF FATHER Fontaineau Inn S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Laurens Co.(13) OCCUPATION Cotton Buyer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Owings Edwards(15) PRESENT POSTOFFICE OF MOTHER Fontaineau Inn S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Laurens Co.(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 Fontaineau Inn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. B. Duckett

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Fontaineau Inn S.C.

Given name added from a supplemental report

....., 19.....

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..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 10, 1916 (28) Thos. B. Duckett 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 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.

City of Columbia.