

Form No. 1.

(1) PLACE OF BIRTH

County of Florence

Township of Florence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42785

Inc. Town

or

City of

Registration District No.

20-A

Registered No.

262

(If used by Local Registrar)

East Chevalier

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

(2) Full Name of Child Mildred Edwards

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

(3) BOY OR GIRL Girl

(4) Twin first or Triplet?

(5) Number in order of birth one

(6) Are Parent Married? yes

(7) DATE OF BIRTH

Dec 2 1915

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Willie Edwards

(14) NAME BEFORE MARRIAGE

Hattie Brown

(9) PRESENT POSTOFFICE OF FATHER

Florence S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Florence S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

34

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Waukesborough S.C.

(18) BIRTHPLACE

Florence S.C.

(13) OCCUPATION

Fireman Rail Road

(19) OCCUPATION

House Keeping

(20) Number of children born to mother, including present birth

one

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at

(Born alive or stillborn)

(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Sadie Lee

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Florence S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 11 1915

(28)

C. C. Craft

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

MAKING SEPARATE BLANKS FOR EACH CHILD, AND MARK THE WHITE PLAINLY. WITH INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE INK.—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 2. McCaw, of Columbia.