

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
37040

(1) PLACE OF BIRTH

County of Albemarle
Township of Albemarle
or
Inc. Town of
or
City of

Registration District No. 4605 Registered No. 50
(For use of Local Registrar)

(No. Sec. Ward)

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

(2) Full Name of Child

Edith B. B. B.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH: Nov 13 1913
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Edith B. B.
(9) PRESENT POSTOFFICE OF FATHER Suras D.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie M. B.
(15) PRESENT POSTOFFICE OF MOTHER Suras D.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE D.C.
(19) OCCUPATION Housewife
(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 born at Suras M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Suras D.C.

Given name added from supplemental report

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

(27) Filed Nov 13 1913 (28) J. A. Rouse 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Form No. 4

Registration District No. 4605

Primary Reg. District No. _____

STATE OF SOUTH CAROLINA
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

negro

Supplemental Report of Births

Place of Birth { City or Town _____
Street and House No. _____
Township of Wilson
County Greenland

File Number* _____

Registered Number* 5-0

SEX OF CHILD* Twin* } and { Number*
Boy Triplet, } in order
or Other? } of birth

DATE OF BIRTH* Nov, 13, 1922
Month Day Year

I HEREBY CERTIFY that the child described herein has been named:

Ned Badger
Given name in full Surname

FATHER
FULL NAME James Badger

as reported by Willie Badger
Mother

MOTHER
FULL MAIDEN NAME Willie Wesley

(Signed) J. A. Rouse
Local Registrar

*These items to be entered by the Registrar before giving out this form.