

(1) PLACE OF BIRTH

County of Edgefield
Township of Spain
of
Inc. Town of
or
City of (No. St.; Ward)
(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

40090

Registration District No. Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1924
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME George Franklin DeLong (14) NAME BEFORE MARRIAGE Lula May Brown
(9) PRESENT POSTOFFICE OF FATHER Newton S. C. (15) PRESENT POSTOFFICE OF MOTHER Newton S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
(12) BIRTHPLACE Edgefield County (18) BIRTHPLACE Edgefield County
(13) OCCUPATION Farmer (19) OCCUPATION Seamstress
(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Hunter

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Newton 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 Jan 21 1924 (28) P. H. Shady 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.

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MADE BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C. IN ACCORDANCE WITH ACTS 117 AND 118, PUBLIC LAWS, 1901 AND 1902. THIS FORM IS PRINTED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.