

(1) PLACE OF BIRTH:

**CERTIFICATE OF BIRTH**

File No. \_\_\_\_\_ Non State Registrar Only

**50535**

County of San Francisco

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Township of Franklin

Inc. Town of Culver  
or  
City of Culver

Registration District No. 4408 Registered No. 454

(For use of Local Registrar)

City of San Francisco (No. 100) (For use of Local Registrar)  
(If birth occurs in a Home or other institution, give name of same instead of street and number.)  
St. ... Ward

(2) Full Name of Child. Osprey 134112

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

(3) BOY OR GIRL? <input checked="" type="checkbox"/> GIRL	(4) Twin or Triplet? <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet	(5) Number in order of birth 7	(5) Are Parents Married? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(7) DATE OF BIRTH 2-24-67	SSN 6
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## FATEFUL

(8) FULL NAME Edgar, Eugene

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Robber

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

**MOTHER**

(14) NAME BEFORE MARRIAGE Genevieve Jenkins

(15) PRESENT  
POSTOFFICE  
OF MOTHER *Clifton H.*

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 28

(18) BIRTHPLACE B.C.

(19) OCCUPATION HC

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Beth, at 1127 W. 11th St.,  
on the date above stated. 1 (Born alive or stillborn) 1 (Month & Year)

(Signature) *Arthur E. Connor*

(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 23 is signed by mark)

(27) Filed Feb 28 1916 (28) E. F. Barker  
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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