

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield...
 Township of Pickens...
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

20824

Registration District No. 1808 Registered No. 27
 (For use of Local Registrar)

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

(2) Full Name of Child Edward Calhoun If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Sex or gender

To be recorded only in case of twins

(5) Single or married

(6) Age

No

(7) DATE OF BIRTH

July 22, 1923
 (Month of Birth) (Day) (Year)

FATHER

(8) FULL NAME

Robert Bell

(9) PRESENT RESIDENCE OF FATHER

Edgefield, S.C.

(10) COLOR

Black

(11) BIRTHPLACE

Edgefield, S.C.

(12) OCCUPATION

Grumitting

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Ella Calhoun

(15) PRESENT RESIDENCE OF MOTHER

Edgefield, S.C.

(16) COLOR

Black

(17) BIRTHPLACE

Edgefield, S.C.

(18) OCCUPATION

Farmer

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Barbara Alice (Born alive or stillborn) (Hour) (Day) (Month) (Year)
 on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

Midwife

(23) Address of Physician or Midwife

Edgefield, S.C.

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed

8/1/23

(27) Local Registrar

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.