

No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of Lowndes  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**78983**

Registration District No. 3803

Registered No. 269  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edna Wells

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 29 1916  
 (Name of Month) (Day) (Year)

## FATHER.

FULL NAME Frank WellsPRESENT POSTOFFICE OF FATHER Easton SC

(10) COLOR OR RACE Negr (11) AGE AT LAST BIRTHDAY 20  
 (Years)

BIRTHPLACE SCOCCUPATION Farmer

(12) Number of children born to mother, including present birth 1

## MOTHER.

NAME BEFORE MARRIAGE Minnie MitchellPRESENT POSTOFFICE OF MOTHER Easton SC

(16) COLOR OR RACE Negr (17) AGE AT LAST BIRTHDAY 20  
 (Years)

BIRTHPLACE SCOCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sallie Chalmers  
 (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife  
Medford - EASTOVER

Given name added from a supplemental report

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

(27) Filed Aug 29 1916 (28) Sallie Chalmers 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.