

(1) PLACE OF BIRTH

County of *W. H. P. Co.*Township of *Edgemoor*or
Inc. Town ofor
City of

(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

29605

Registration District No. *3604*Registered No. *79*
(For use of Local Registrar)

(2) Full Name of Child

White Sue Vign

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

Aug 30 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ed Vign

(9) PRESENT POSTOFFICE OF FATHER

Worapack

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

2
(Years)

(12) BIRTHPLACE

Worapack, Tenn

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Haffner

(15) PRESENT POSTOFFICE OF MOTHER

Worapack

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Worapack, Tenn

(19) OCCUPATION

Field Hand

(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 *born* *at* *E. H. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 father)

(27) Filed

1905

(28) Local Registrar

When there was no attending physician or midwife, when 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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