

(1) PLACE OF BIRTH

County of ColumbiaTownship of Shridonor  
Inc. Town of Columbiaor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of St.; ..... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 85133 For State Registrar OnlyRegistration District No. 1408 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Edward Dandridge Jr. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec - 2 - 6

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Dandridge(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Columbia(13) OCCUPATION Farmer.(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Hays(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Columbia(19) OCCUPATION Domestic(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 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia 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 Dec 10 1916 (28) B. G. Greer M.D. 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. C. W. of Columbia

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