

(1) PLACE OF BIRTH

County of Columbia  
Township of Shridon

or  
Inc. Town of Columbia  
or  
City of

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

File No. 85133 For State Registrar Only

Registration District No. 1408 Registered No. 40  
(For use of Local Registrar)

(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... Edward Dandridge Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. - 7 - 6  
To be answered only in event of twins or triplets

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 Hoff

(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                   A.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 Columbia S.C.

Given name added from a supplemental report

..... 191.....  
Registrar

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

(27) Filed Dec. 10 1916 (28) B. G. Green 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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In case of twins or triplets use a separate blank for each child, and in case of first-born, No. 1. THE OTHER, No. 2, etc., in question 5.