

FORM NO. 1.

(1) PLACE OF BIRTH

County of Charleston
Township of Chester
OF
Inc. Town of _____
or
City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

45752

Registration District No. 1002 Registered No. 3
(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 Robert Edmond } 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? No (7) DATE OF BIRTH Jan. 14 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Edmond
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Chester co.
(13) OCCUPATION _____
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Bell Hardin
(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 14 (Years)
(18) BIRTHPLACE Chester county
(19) OCCUPATION School girl
(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 alive 7 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pleasant X Heath
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Chester, S.C.

Given name added from a supplemental report
....., 191.....
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Registrar

(26) Witness Ruby Barron
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 15 1916 (28) Geo. Hume 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 5.
McCaw of Columbia
MAILED FEBRUARY 20 1916
FILED IN A SEPARATE REPORT