

(1) PLACE OF BIRTH

County of Edgefield
 Township of Wade
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

40092

Registration District No. 18.13 Registered No. 35
 (For use of Local Registrar)

(2) Full Name of Child Milton East

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 9, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Alonza East</u>			(14) NAME BEFORE MARRIAGE <u>Daphne Barnes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>	
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>farm hand</u>			(19) OCCUPATION <u>farm help</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Edna Fraser(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edgefield, 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 1/10 1924 (28) Edna Fraser 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.

MAKING UNLAWFUL FOR BURNING.
 WITH PLAINLY. WITH UNLAWFUL BURNING. THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in sequence.
 State of South Carolina, Columbia, S. C.