

Form No. 1

(1) PLACE OF BIRTH

County of San Diego

Township of San Diego

Inc. Town of San Diego

City of San Diego

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

Registration District No. 3395

File No. - For State Registrar Only

163

Registered No. 0

Official use of local Registrar

Sex:

(Ward)

If birth occurs in a hospital or other institution give name of same instead of street and number

(2) Full Name of Child James Edgar

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

1. SEX Male

2. TIME or Triplet

3. NUMBER IN order of birth

4. AGE or Date of Marriage

5. DATE OF Birth

May 27 1923

FATHER.

6. FULL NAME

7. PRESENT RESIDENCE IF FATHER

8. COLOR IN FACE

9. AGE AT LAST BIRTHDAY

10. BIRTHPLACE

11. OCCUPATION

12. Number of children born to mother, including present birth

13. NAME BEFORE MARRIAGE

Carrie Lee Small

14. PRESENT RESIDENCE OF MOTHER

15. COLOR OR RACE

White

16. BIRTHPLACE

17. OCCUPATION

John Edgar

18. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(20) (Signature) John Edgar

(21) State whether Physician or Midwife

Form No. 1 - (M. & V.)

(22) Address of Physician or Midwife

When these words are printed in the report

(Signature of Witness necessary only when question 22 is signed by mark)

W. H. Burt

(23) Local Registrar

When these words are printed in the report, the report is deemed to be correct.