

Form No. 1

(1) PLACE OF BIRTH

County of *MT. Carmel*

Township of *MT. Carmel, S.C.*

or
Inc. Town of

or
(City of

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

(2) Full Name of Child *Ruth Edmonds*

1) Sex of Child
Girl

4) Twin or Triplet?
To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?
Yes

7) DATE OF BIRTH
Apr 11 23

FATHER.

8) FULL NAME *Amley Edmonds*

9) PRESENT POSTOFFICE OF FATHER
MT. Carmel

10) COLOR OR RACE
negro

(11) AGE AT LAST BIRTHDAY
47

12) BIRTHPLACE
Asheville

13) OCCUPATION
Farmer

26) Number of children born to mother, including present birth
6

MOTHER.

14) NAME BEFORE MARRIAGE *Jenny Lee*

15) PRESENT POSTOFFICE OF MOTHER
MT. Carmel

16) COLOR OR RACE
negro

17) AGE AT LAST BIRTHDAY
33

18) BIRTHPLACE
Asheville, S.C.

19) OCCUPATION
Tam hamp

27) Number of children of this mother now living, including present birth
6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child who was *born* at *7 P. M.* on the date above stated. (born alive or stillborn. Hour A. M. or P. M.)

(23) (Signature) *Edw. Coats*

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
MT. Carmel, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date *3-1-23* (28) *D. J. H. H. H.* 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4538

Registration District No. *4504*

Registered No.
(For use of Local Registrar)

(No. Word)

(2) Full Name of Child *Ruth Edmonds* If child is not yet named, make supplemental report as directed

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Girl

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WRITE PLAINLY. WITH EXPLANATIONS. THIS IS A PRELIMINARY REPORT. IT IS NOT FINAL. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.