

(1) PLACE OF BIRTH

County of Edgefield

Township of Edgefield

City of Edgefield

City of Edgefield

City of Edgefield

City of Edgefield

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18454

Registration District No. 814

Registered No. 27

(For use of Local Registrar)

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

John Alexander Mervin

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

3. BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twin or triplet

(6) Are Parents Married? X

(7) DATE OF BIRTH

June 15 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:20 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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

(27) Filed

July 9 1922

(28)

L. S. Maxwell

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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