

Form No. 1.

(1) PLACE OF BIRTH
County of Union

Township of Summerville, S.C.

or
Inc. Town of Summerville, S.C.

City of Summerville, S.C.

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

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

File No.—For State Registrar Only
50656

Registration District No. 4204 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Edward West { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 5, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jerry West
(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE Union County
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Barry Gregory
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Union County
(19) OCCUPATION Domestic
(21) 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 alive at Summerville, S.C. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Mary Nease
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness C. H. Mann
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb. 11, 1916 (28) C. H. Mann 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.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.