

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36040

Registration District No. 3628

Registered No. 78

(For use of Local Registrar)

(No.)

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 Minnie May Edsall

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

(3) BOY OR GIRL

Female

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Oct 31 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Edsall

(9) PRESENT POSTOFFICE OF FATHER

Crawley SC

(10) COLOR OR RACE

Color.(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Crawley SC

(13) OCCUPATION

Worshipman, Farmer,

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Jena Brantley

(15) PRESENT POSTOFFICE OF MOTHER

Crawley SC

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE

Crawley SC

(19) OCCUPATION

Worshipman, Farmer

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Cantley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife, Crawley SC
Box 1258 Hwy 155

Given name added from a supplemental report

(26) Witness

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

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Registrar(27) Filed 1-6-22(28) W. H. R. R.
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.

WRITE PLAINLY, WITH CAPITALS FOR FIRST LETTERS OF NAMES. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE PLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
MEANS OF COLUMBIA, COLUMBIA, S. C.