

Form No. 1

1) PLACE OF BIRTH

County of Lee  
Township of Bishopville  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

31019

Registration District No. 3000 Registered No. 47  
(For use of Local Registrar)

City of ..... (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 Edna Addison (If child is not yet named, make supplemental report as directed)

BOY OR GIRL? GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922  
(Name Month Day Year)

FATHER.  
FULL NAME Henry Addison  
PRESENT POSTOFFICE OF FATHER Bishopville #2  
COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25  
BIRTHPLACE Lee Co  
OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Louise M. M. M.  
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S #2  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22  
(18) BIRTHPLACE Lee Co  
(19) OCCUPATION Home work

(20) No. of children born to mother at present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Jaine Dentant (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bishopville #2

name added from a supplemental report

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

(27) Filed Sept 25 1922 (28) J. H. J. J. J. 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.