

(1) PLACE OF BIRTH

County of Hershaw

Township of B. K. Hall

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

90467

Registration District No. 2701 Registered No. 295

(For use of Local Registrar)

(2) Full Name of Child Edward Lonick

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 Dec. 9, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Chas P. Lonick

(14) NAME BEFORE MARRIAGE Martha E Sill

(9) PRESENT POSTOFFICE OF FATHER Cawden S.C. # 3

(15) PRESENT POSTOFFICE OF MOTHER Cawden S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Hershaw Co

(18) BIRTHPLACE Hershaw Co

(13) OCCUPATION Planter

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Byrum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cawden S. C

Physician

Given name added from a supplemental report

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

(27) Date Jan. 1, 1917 (28) W. H. Byrum 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.

McCRAW, of Columbia, S. C. PRINTED FOR THE STATE BOARD OF HEALTH, No. 1, THE OTHER, No. 2, etc., in question 1.