

(1) PLACE OF BIRTH

County of HershawTownship of Beulahor
Inc. Town ofor
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? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 9, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Chas P. Lonick(9) PRESENT POSTOFFICE OF FATHER Cauden S.C. # 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Hershaw Co(13) OCCUPATION Planter(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mother E Sill(15) PRESENT POSTOFFICE OF MOTHER Cauden S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Hershaw Co(19) OCCUPATION House wife(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. (Hour A. M. or P. M.)(23) (Signature) W. H. C. Brown

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

Physician Cauden S.C.

Given name added from a supplemental report

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Registrar

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

Jan. 1, 1917 (27) W. H. C. Brown (28) W. H. C. Brown

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.