

(1) PLACE OF BIRTH

County of Edgefield
 Township of Halbert
 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

18928

Registration District No. 1815 Registered No. 5
 (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 Josie Hill Edmunds If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>g</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan 29 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Hill
 (9) PRESENT POSTOFFICE OF FATHER Parksville S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE In Halbert Township near Parksville S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mae Edmunds
 (15) PRESENT POSTOFFICE OF MOTHER Parksville S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE Near Parksville
 (19) OCCUPATION Farming
 (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 born P. Willist Jan 29 at 3 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Hill Parksville
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness Nettie B. Bartley
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 1914 (28) J. S. Hughey
 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.

FORM NO. 1, THIS OFFICE, No. 2, etc., in question 3.
 State of Columbia