

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
403County of Charleston STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Wright

or

Inc. Town of

or

City of

Registration District No. 2.12Registered No. 101

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child The Edgar Dubose

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3d</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4 1923</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>J. Dubose</u>		(14) NAME BEFORE MARRIAGE <u>Elena Conyers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live (Hour A. M. or P. M.) 5 P. on the date above stated.(23) (Signature) J. P. Kelly(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Olanta S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 12/19 1923(28) A. P. Kelly

Registrar

When there was no attending physician or midwife, then the father, household, 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.

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