

1. PLACE OF BIRTH  
 County of Sumter  
 Township of Providence  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4105

FILE No.—For State Registrar Only  
32466

Registered No. 90  
 (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 Thomas Alexander Edens, Jr. (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy 4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? yes 7. DATE OF BIRTH Sept. 25 1922  
 (Name of Month) (Day) (Year)

FATHER  
 8. FULL NAME Thomas Alexander Edens, Sr.

9. PRESENT POSTOFFICE OF FATHER Dalzell, S. C., Rt. 2

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 25 (Years)

12. BIRTHPLACE S. C.

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth } 1

MOTHER  
 14. NAME BEFORE MARRIAGE Myrtle DuBose

15. PRESENT POSTOFFICE OF MOTHER Dalzell, S.C., Rt. 2

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 21 (Years)

18. BIRTHPLACE S. C.

19. OCCUPATION Housewife

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 alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature W. S. [Signature] 24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_

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

27. Filed March 25, 1940. 28. M. B. Woodward, MD. 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.