

## (1) PLACE OF BIRTH

County of LoganTownship of Loganor  
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

29124

Registration District No. 8.0.1 Registered No. 79  
(For use of Local Registrar)(2) Full Name of Child Edith Milds If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20 1932  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME W. K. Milds  
(9) PRESENT POSTOFFICE OF FATHER S. L. Matthews  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31  
(Years) (12) BIRTHPLACE S. C.  
(13) OCCUPATION Farm Hand  
(20) Number of children born to mother, including present birth 4MOTHER.  
(14) NAME BEFORE MARRIAGE Eda Robinson  
(15) PRESENT POSTOFFICE OF MOTHER S. L. Matthews  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
(Years) (18) BIRTHPLACE S. C.  
(19) OCCUPATION Farm Hand  
(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 alive at 1:30 P. M. on the date above stated. (Born alive or stillborn. (Hour, M., or P. M.))(23) (Signature) Mary Gafney (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 7

Given name added from a supplemental report

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

(27) Filed Sept 22 1932 (28) I. H. Murphy 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.

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ac Smith-sub.