

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64855

County of Harvey

Township of Bishopson Creek

Inc. Town of ..... Registration District No. 2509A

Registered No. 57  
(For use of Local Registrar)

City of ..... (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 Maria Edger

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME M. Johnson Edger  
(9) PRESENT POSTOFFICE OF FATHER Long S. C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Harvey Co. S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Fancy Bellamy  
(15) PRESENT POSTOFFICE OF MOTHER Long S. C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Harvey Co. S.C.  
(19) OCCUPATION House wife  
(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 to her at 12 Am.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Nancy Bellamy

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Long S. C.

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

(26) Witness M. J. Edger  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 9 1916 (28) J. H. Bryant  
Local Registrar

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.