

(1) PLACE OF BIRTH

County of Landon

Township of Boguesville

or
Inc. Town of

City of Buffalo

(If birth occurs in 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

50638

Registration District No. 4-2-B

Registered No. 7

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child

Edith Baldwin

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

(3) BOY OR GIRL

Girl

(4) Twin or triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Feb. 2, 1916

FATHER.

(8) FULL NAME

Stephen Vaughn Baldwin

(9) PRESENT POSTOFFICE OF FATHER

Buffalo, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

29

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Weaver, Cat. Mill

(20) Number of children born to mother, including present birth

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Evans

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Landon, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

Feb. 16, 1916

(28)

W. L. Woodward
Local Registrar.

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.

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. 7. WITH EMPLOYING INK—THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. H.—IN CASE OF TWINS OR TRIPLETS, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.