

FIRST-BORN. No. 1. THE OTHER. No. 2. etc. in question 3.

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of Yorkville

(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

3550

Registration District No. 1573

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child

Edith Louise

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

3) BOY OR GIRL Y

(4) Twin or Triplet?

5) Number in order of birth

(6) Are Parents Married Y

(7) DATE OF BIRTH

Feb 9 1925

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard, J. Orr

(9) PRESENT POSTOFFICE OF FATHER Yorkville

(10) COLOR OR RACE B

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE Yorkville S.C.

(13) OCCUPATION Drayman

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Maudena Jefferson

(16) PRESENT POSTOFFICE OF MOTHER Yorkville S.C.

(17) COLOR OR RACE B

(18) AGE AT LAST BIRTHDAY

18

(19) BIRTHPLACE Yorkville S.C.

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

(23) (Signature) J. L. Orr

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Yorkville S.C.

(Given name added from a supplemental report)

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

(27) Filed Mar 10 1925 (28) W. J. H. Hager 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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