

Form No. 1

(1) PLACE OF BIRTH

County of Edge

Township of Edge

Inc. Town of Edge

City of Edge

(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

4286

Registration District No. 2700 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Robert

(9) PRESENT POSTOFFICE OF FATHER

Edge

(10) COLOR OR RACE

White

(11) BIRTHPLACE

Edge

(12) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Williams

(15) PRESENT POSTOFFICE OF MOTHER

Edge

(16) COLOR OR RACE

White

(17) BIRTHPLACE

Edge

(18) OCCUPATION

Farmer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was white at 12 12 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Martha Williams (The Address of Physician or Midwife) Edge

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(26) When 1000 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.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 8