

(1) PLACE OF BIRTH

County of ColletonTownship of Walteror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22007

Registration District No. 1804Registered No.
(For use of Local Registrar)(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 George W. Childs If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 25 1904</u> (Name of Month) (Day) (Year)
-------------------------------	--	--	--	--

FATHER.

(8) FULL NAME James Childs(9) PRESENT POSTOFFICE OF FATHER Edgefield(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Edgefield(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Adeline Childs(15) PRESENT POSTOFFICE OF MOTHER Edgefield(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Edgefield(19) OCCUPATION Farmer(20) 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 Edgefield,
on the date above stated. (Born alive or stillborn, (Hour A. M. or P. M.))(23) (Signature) James Childs (24) Address of Physician or Midwife Edgefield(25) Address of Physician or Midwife Edgefield

Given name added from a supplemental report

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

(27) Filed 1904 (28) 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.