

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Liberty

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

3178

Inc. Town of Dunbarton S.C.  
 City of Dunbarton S.C.

Registration District No. 510 Registered No. 8  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Baby Edmonds If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 2 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Edmonds

(9) PRESENT POSTOFFICE OF FATHER New York City

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION tailor

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Barton

(15) PRESENT POSTOFFICE OF MOTHER Dunbarton S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION domestic

(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 alive at 7 M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) J. H. Anderson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Dunbarton S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 5 1922 (28) J. H. Anderson 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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