

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

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

(2) Full Name of Child Edward Evans McIntosh

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan. 11, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David Gregg McIntosh

(9) PRESENT POSTOFFICE OF FATHER

Society Hill S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE

Washington Co S.C.

(13) OCCUPATION

Farmer owner

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

3

(14) NAME BEFORE MARRIAGE

Mary Hutchinson

(15) PRESENT POSTOFFICE OF MOTHER

Society Hill S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

Summerville S.C.

(19) OCCUPATION

at home

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 222 a M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. S. Edwards

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Washington S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed 191...

(28) J. M. Matheson  
J. S. M. 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

51743

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

St. .... Ward)

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Hutchinson

(15) PRESENT POSTOFFICE OF MOTHER

Society Hill S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

Summerville S.C.

(19) OCCUPATION

at home

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

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