

## (1) PLACE OF BIRTH

County of EdgewoodTownship of Edgewood

Inc. Town of .....

City of .....

(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 HealthFile No. - For Local Registrar Only  
20817Registration District No. .... Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child William Edgar If child is not yet named, make supplemental report as directed(1) SEX OF CHILD Male (2) Twin or Triplet X (3) Number in order of birth 8 (4) Are Parents Married Yes (5) DATE OF BIRTH July 17 1904  
(Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME Frank Logan(7) PRESENT POSTOFFICE OF FATHER Meeting Street, S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 41  
(Year)(10) BIRTHPLACE South Carolina(11) OCCUPATION Farming(12) Number of children born to mother, including present birth 13

## MOTHER.

(13) NAME BEFORE MARRIAGE Annie Lee Adams(14) PRESENT POSTOFFICE OF MOTHER Meeting Street, S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 33  
(Year)(17) BIRTHPLACE South Carolina(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born at S. J. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) William Edgar (22) Address of Physician or Midwife Meeting Street

(23) State whether Physician or Midwife

Given name added from a supplemental report

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

(25) Filed (26) 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.