

(1) PLACE OF BIRTH

County of WaguerTownship of Wagueror
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 Health

File No.—For State Registrar Only—

77559

Registration District No. 7504Registered No. 219

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Elber Edge

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

(3) ~~BOY OR GIRL?~~ Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are 4 Parents Married? 2 (7) DATE OF BIRTH Sept. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. M. Edge(9) PRESENT POSTOFFICE OF FATHER Niponville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Waguer Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Thompson(15) PRESENT POSTOFFICE OF MOTHER Niponville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Waguer Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 11-30 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Susana Howard(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waguer, S.C.

Given name added from a supplemental report

(26) Witness D. M. Edge
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/13, 1916 (28) D. H. Haskell, Tolp
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.