

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

33742

Registration District No. 5801

Registered No. 83
(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. Edward Alfred

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

(3) BOY OR GIRL

Boy

(4)

Sex

(5)

Number in order of birth

1

(6)

Are Parents Married

No

(7)

DATE OF BIRTH

Sept 25 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER
D.H.

(9) PRESENT POSTOFFICE OF FATHER

D.H.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

04
(Year)

(12) BIRTHPLACE

D.H.

(13) OCCUPATION

D.H.

(14) NAME BEFORE MARRIAGE

Mother
Laura Alfred

(15) PRESENT POSTOFFICE OF MOTHER

Bastrop, La.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19
(Year)

(18) BIRTHPLACE

Richland County

(19) OCCUPATION

Farming

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

1

(21) 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 ... at ... M., on the date above stated.

(23) (Signature)

Mary Perry

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Richland Co. S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 2 1923

(28) A. B. Campbell
(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.