Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
34855

County of Chesterfield

Township of Court house

or
Inc. Town of ..... Registration District No. 1203 Registered No. 193
(For use of Local Reistrar)

or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julia Edwards } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		Yes	Oct. 23, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Earl Edwards	(14) NAME BEFORE MARRIAGE Rosetta Campbell
(9) PRESENT POSTOFFICE OF FATHER McFarlan NC	(15) PRESENT POSTOFFICE OF MOTHER McFarlan NC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 2[illegible] (Years)
(12) BIRTHPLACE Chesterfield Co SC	(18) BIRTHPLACE Chesterfield Co SC
(13) OCCUPATION Farmer	(19) OCCUPATION Farm hand
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vine + Browdy

(24) State whether Physician or Midwife Mid Wife (25) Address of Physician or Midwife McFarlan NC

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness D. F. Brock
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 30th 1915 (28) T E Mulloy
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 3.
McCaw, of Columbia.