

(1) PLACE OF BIRTH

County of Aiken
 Township of Colburnaala
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

30739

Registration District No. 201 Registered No. 29
 (For use of Local Registrar)

(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 Amie May Edwards 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) Sex Female 7) DATE OF BIRTH October 3, 1923
 To be reported only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Manuel Edwards9) PRESENT POSTOFFICE OF FATHER Sally, S.C.10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 33
 (Year)12) BIRTHPLACE S.C.13) OCCUPATION Farm Laborer14) Number of children born to mother, including present birth 2

MOTHER.

15) NAME BEFORE MARRIAGE Amie Passy16) PRESENT POSTOFFICE OF MOTHER Sally, S.C.17) COLOR OR RACE negro 18) AGE AT LAST BIRTHDAY 23
 (Year)19) BIRTHPLACE S.C.20) OCCUPATION Farm Laborer21) 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 1 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Whitlock, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Reliance Mills, 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. 20, 1923 (28) W. H. Whitlock 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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

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