

THIS IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS THE PROPERTY OF THE STATE OF SOUTH CAROLINA. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR, COLUMBIA, S. C. IF A CHILD IS BORN IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER. IF CHILDBIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER. IF CHILDBIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER. IF CHILDBIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER.

(1) PLACE OF BIRTH  
County of Gloucece  
Township of .....  
or  
Inc. Town of .....  
or  
City of Gloucece S.C.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**4083**

Registration District No. 20-A Registered No. 43  
(For use of Local Registrar)  
(No. Saunder Memorial Hospital)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edith Cole 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 3rd (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 22, 1922  
(Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Howard Preston Cole  
(9) PRESENT POSTOFFICE OF FATHER Cheresee S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)  
(12) BIRTHPLACE Washington S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth Three

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Edith Hauer  
(15) PRESENT POSTOFFICE OF MOTHER Cheresee S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)  
(18) BIRTHPLACE Yatum S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or ~~stillborn~~) (Hour, M., or P. M.)  
(23) (Signature) W. J. M. Barnwell  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gloucece 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 2-25-22 (28) C. C. Craft 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.