

MARGIN RESERVED FOR BINDING.  
WHITE 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.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of Abbeville  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(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  
**6178**

Registration District No. 100 Registered No. 18  
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 31, 1922  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>William Thomas Edwards</u>		(14) NAME BEFORE MARRIAGE	<u>Jessie Sarah Price</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>R.F.D. #5 Abbeville SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>R.F.D. #5 Abbeville SC</u>	
(10) COLOR OR RACE	<u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE	<u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE	<u>Abbeville County SC</u>		(18) BIRTHPLACE	<u>Abbeville County SC</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>One</u>		(21) Number of children of this mother now living, including present birth	<u>One</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report .....  
..... 19 ..  
Registrar  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed April 9, 1922 (28) J. E. Pressley 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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