

WRITE PLAINLY, WITH EXPANDING 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 2.
Bureau of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Beaufort
Township of Bluffton
or
Inc. Town of.....
or
City of.....

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

Registration District No. 601 Registered No. 7
(For use of Local Registrar)

File No.—For State Registrar Only
9392

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Are Parents Married? Yes (6) DATE OF BIRTH Jan 11, 1933
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Monday Edwards
(9) PRESENT POSTOFFICE OF FATHER Bluffton, SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Beaufort County
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 17

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Wright
(15) PRESENT POSTOFFICE OF MOTHER Bluffton, SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Beaufort County
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Facey Wright
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bluffton, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 16, 1933 (28) W. J. Smith

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.