

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 5.

Form No. 2

**(1) PLACE OF BIRTH**  
 County of Williamsburg  
 Township of Anderson  
 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  
87753

Registration District No. 4400 Registered No. 62  
 (For use of Local Registrar)

**(2) Full Name of Child** Pheney Estelle Edge (If child is not yet named, make supplemental report as directed)

(3) <b>BOY OR GIRL?</b>	(4) <b>Twin or Triplet?</b> To be answered only in case of Twins or Triplets	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b>	(7) <b>DATE OF BIRTH</b> (Name of Month) (Day) (Year)
				<u>MAY 22, 1916</u>

<b>FATHER.</b>		<b>MOTHER.</b>	
(8) <b>FULL NAME</b>	<u>W. F. Edge</u>	(14) <b>NAME BEFORE MARRIAGE</b>	<u>Miss Gayle</u>
(9) <b>PRESENT POSTOFFICE OF FATHER</b>	<u>Tris SC</u>	(15) <b>PRESENT POSTOFFICE OF MOTHER</b>	<u>Tris</u>
(10) <b>COLOR OR RACE</b>	<u>W</u>	(16) <b>AGE AT LAST BIRTHDAY</b>	<u>38</u>
(11) <b>AGE AT LAST BIRTHDAY</b>	<u>42</u>	(17) <b>AGE AT LAST BIRTHDAY</b>	<u>38</u>
(12) <b>BIRTHPLACE</b>	<u>SC</u>	(18) <b>BIRTHPLACE</b>	<u>SC</u>
(13) <b>OCCUPATION</b>	<u>Farm</u>	(19) <b>OCCUPATION</b>	<u>Teacher</u>
(20) <b>Number of children born to mother, including present birth</b>	<u>110</u>	(21) <b>Number of children of this mother now living, including present birth</b>	<u>17</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 10 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Hester  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tris SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11.30 1916 (28) R. W. Coleman Local Registrar

19 ... 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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