

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR
GIRL?

girl

(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

yes

(7) DATE OF BIRTH

Febr. 2, 1922

FATHER.

(8) FULL
NAME

Harlie Edwards

(9) PRESENT
POSTOFFICE
OF FATHER

Neeses, S.C.

(10) COLOR
OR
RACE

Col.

(11) AGE AT LAST
BIRTHDAY22
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farmer

(20) Number of children born to
mother, including present birth

1

MOTHER.

(14) NAME BEFORE
MARRIAGE

Jila R. Thomas

(15) PRESENT
POSTOFFICE
OF MOTHER

Neeses, S.C.

(16) COLOR
OR
RACE

Col.

(17) AGE AT LAST
BIRTHDAY24
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

none

(21) Number of children of this mother
now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn) at (Hour) A. M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

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

Registrar

(27) Filed

Feb. 15, 1922

(28)

S. M. Lammant

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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FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCurry, of Columbia.

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

File No.—For State Registrar Only

8708

Registration District No. 3607

Registered No. 17

(For use of Local Registrar)