

## 27475

**use of Local Registrar)**

City: ..... Ward: .....

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

(2) Full Name of Child Edna W. Wainwright

**If child is not yet named, make supplemental report as directed**

3) BOY OR GIRL? *Girl*

4) Twin  
or Triplet

(B) Number in  
order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH: Sept 11<sup>th</sup> 1923  
(Name) (Month) (Day) (Year)

# FATHER

# MOTHER

8) FULL NAME Walter Kait

(14) NAME BEFORE MARRIAGE *Lillie Thomson*

1. PRESENT POSTOFFICE OF FATHER *Charleston*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *39*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19*

12. BIRTHPLACE *Charleston, S.C.*

(18) BIRTHPLACE Charleston S.C.

13. OCCUPATION Carpenter

(16) OCCUPATION House wife

20. Number of children born to mother, including present birth 12

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 am.  
on the date above stated. (Born alive or stillborn) Hour: 6 min: 00

(28) (Signature)

(24) State whether Physician or Midwife

(28) Address of Physical or Mailed

**Silven name added from a supplemental report**

**(26) Witness**

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

... 19 ...  
Regintrar

(27) Filed

.....  
**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.