(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
77566 /

County of Darlington
Township of Lydia
or
Inc. Town of
or
City of

Registration District No. 250 1/2 Registered No. 63
(For use of Local Registrar)

(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 Lewis T. Edwards (If child is not yet named, make supplemental report as directed)

(3) Sex of Child	(4) Twin or Triplet (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married	(7) Date of Birth (Month)	(Day)	(Year)
Boy			Yes	Sept	25	16

FATHER

(8) Full Name: Frank Edwards
(9) Present Postoffice of Father: Cypress SC
(10) Color or Race: White
(11) Age at Last Birthday: 25 (Years)
(12) Birthplace: Darlington Co SC
(13) Occupation: Farming
(14) Number of children born to mother, including present birth: 1

MOTHER

(15) Name before marriage: Lois Rowe
(16) Present Postoffice of Mother: Cypress SC
(17) Color or Race: White
(18) Age at Last Birthday: 22 (Years)
(19) Birthplace: Darlington Co SC
(20) Occupation: Home Wife
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 00 P. M. on the date above stated. (Born alive or stillborn) (Give A. M. or P. M.)

(23) (Signature): Elmer Anderson
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Darlington S.C. R.F.D. 4

Given name added from a supplemental report

....., 19....
Registrar

(26) Witness: .....
(Signature of witness necessary only when physician is signed by mark)
(27) Filed ..... (28) .....
(Local Registrar)

*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.

MARGIN REQUIRED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—PLEASE DO A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PEDIGREE, No. 1, THIS CHILD, No. 2, etc., in question 6

REVISED BY CHAMBERS, BRUNER, S. C.