

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Edwards

or

Inc. Town of .....

or

City of .....

(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

3713

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

## (2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Set. 9, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Rev. Calvin Lewis9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 18 (Years)12) BIRTHPLACE Saluda Co13) OCCUPATION Farming20) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Viola Collins15) PRESENT POSTOFFICE OF MOTHER Edgefield16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 18 (Years)18) BIRTHPLACE Greenwood19) OCCUPATION Housewife21) 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 alive at 7 A.M. on the date above stated.  
(Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) Katie Butler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edgefield, S.C.

(Given name added from a supplemental report)

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

19 Registrar

(27) Filed 19 (28) 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCam of Columbia, Columbia, S. C.