

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Calway  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2637

Registration District No. H110Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Edith Mae Ardis

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Nevel Legrande Ardis  
 (9) PRESENT POSTOFFICE OF FATHER Paxville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE At home S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Broadway  
 (15) PRESENT POSTOFFICE OF MOTHER Paxville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)  
 (18) BIRTHPLACE Paxville S.C.  
 (19) OCCUPATION house keeping

(20) Number of children born to mother, including present birth 2(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 .... at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ella B. Burman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Ella B. Burman  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 10 1922 (28) C.S. Green  
(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.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHERS. No. 2, etc. in question 5.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.