

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
Township of Schultz
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, use 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

17355

Registration District No. 213

Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child Charlie Edwards

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Willie Edwards
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga. R4
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24
(Years)
(12) BIRTHPLACE Augusta Ga. R4
(13) OCCUPATION Butcher
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Maud Nelson
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga. R4
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 21
(Years)
(18) BIRTHPLACE Augusta Ga. R4
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rheta Daugherty
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta R4

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/9 22 (28) A. L. Medlock
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.