

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENLARGING 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.

Form No. 9.

RECAP OF COLUMBIA, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield County</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		34310	
Township of <u>Winnsboro</u>		Registration District No. <u>14</u>		Registered No. <u>53</u> (For use of Local Registrar)	
Inc. Town of <u>Winnsboro</u>		(No. <u>14</u> St.; <u>53</u> Ward)			
City of <u>Winnsboro</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Robert Edwards</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 19 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thos. Kenny Edwards</u>			(14) NAME BEFORE MARRIAGE <u>Ira Robinson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ellabell Ga</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Winnsboro Ga</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)		
(12) BIRTHPLACE <u>Ellabell Ga</u>		(18) BIRTHPLACE <u>Fairfield County Ga</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Wife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1:30</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>I. C. Buckner</u> M.D.					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Winnsboro Ga</u>					
Given name added from a supplemental report		(26) Witness <u>John H. Haynes</u> (Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>22</u> Registrar		(27) Filed <u>Oct 17 1922</u> (28) <u>John H. Haynes</u> 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.					
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