

(1) PLACE OF BIRTH

County of MontgomeryTownship of Coosda

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gillie Mae Edwards If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE June 12 1906 (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Ed. Clark (14) NAME BEFORE MARRIAGE Ma Edwards(9) PRESENT POSTOFFICE OF FATHER Trough B.C. (15) PRESENT POSTOFFICE OF MOTHER Trough(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY (Years) 22 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY (Years) 22(12) BIRTHPLACE B.C. (18) BIRTHPLACE S.C.(13) OCCUPATION laborer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (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 alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ma Edwards

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness H. L. Kirkpatrick

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

(27) Filed June 15 1906 (28) M. W. Brown 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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File No. — For State Registrar Only

66279

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4006 Registered No. 92

(For use of Local Registrar)

St.; ... Ward)

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

FORM NO. 1. REVISED 1906. WITH EXPLANATIONS. THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED IN THE FINAL REPORT. IT IS TO BE USED IN THE FINAL REPORT. IT IS TO BE USED IN THE FINAL REPORT.

N. H. — In case of TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. 1. THE OTHER, N. 2, ETC., IN QUESTION 2.

N. H.

N. H.