

(1) PLACE OF BIRTH

County of Darlington
 Township of Society Hill
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 13.—For State Register Only

13698

Registration District No. 1512Registered No. 27
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold Edwards If child is not yet named, make supplemental report as directed

(3) SEX <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age <u>13</u>	(7) Birth date <u>Jan 13 23</u>
FATHER			MOTHER	
(8) FULL NAME <u>Geo. Edwards</u>			(14) NAME BEFORE MARRIAGE <u>Geo. Edwards</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Soc. Hill</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Soc. Hill</u>	
(10) COLOR OF SKIN <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(12) COLOR OF SKIN <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>21</u>	(16) BIRTHPLACE <u>S.C.</u>
(17) BIRTHPLACE <u>S.C.</u>			(18) OCCUPATION <u>Housewife</u>	
(19) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature) M. J. Wilson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplemental report

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

(26) Date June 8 23

Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make the report. 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.