

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE NO.	
County of <i>Sherburne</i>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		25	
Township of <i>Maguire</i>		Registration District No. <i>109</i>		Registered No. <i>5</i>	
Inc. Town of .....		(No. .... St. .... Ward)		(For use of Local Registrar)	
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 <i>William Washington Edwards</i> (Child is not yet named, make appropriate report as directed)					
(3) SEX OF CHILD <i>Boy</i>	(4) Type of Twin <i>Is a monozygotic twin of John A. Edwards</i>	(5) Number in order of birth <i>1</i>	(6) Date of Birth <i>Jan 27 1923</i>	(7) DATE OF BIRTH <i>Jan 27 1923</i>	
FATHER.			MOTHER.		
(8) FULL NAME <i>William Edwards</i>			(10) NAME BEFORE MARRIAGE <i>Lula Lee</i>		
(9) PRESENT RESIDENCE OF FATHER <i>Calhoun Falls, S.C.</i>			(11) PRESENT RESIDENCE OF MOTHER <i>Calhoun Falls</i>		
(12) COLOR OR RACE <i>Negro</i>			(13) COLOR OR RACE <i>Negro</i>		
(14) AGE AT LAST BIRTHDAY <i>26</i> (Years)			(15) AGE AT LAST BIRTHDAY <i>23</i> (Years)		
(16) BIRTHPLACE <i>Sherburne Co</i>			(17) BIRTHPLACE <i>Sherburne Co</i>		
(18) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was.... <i>alive</i> ..... at <i>2</i> .... <i>PM</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Idellie Campbell</i>		(24) State whether Physician or Midwife		(25) Address of Physician or Midwife <i>Calhoun Falls</i>	
Given name added from a supplemental report		<i>Midwife</i>			
(26) Witness .....		(27) Filed <i>Feb 3 1923</i> (28) <i>Idellie Campbell</i> 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.

Division of Columbia, Columbia, S. C.