

(1) PLACE OF BIRTH

County of HarneyTownship of Waynesboro

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2504

No. for State Registrar Only

36298

Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Devery M. Edge

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Triplet	(5) Number in order of birth	(6) Age at birth	(7) DATE OF BIRTH <u>Sept. 26, 1923</u> (Name of Month) (Day) (Year)
--------------------------------	------------------------	---------------------------------	---------------------	--

FATHER		MOTHER	
(8) FULL NAME <u>Devery Edge</u>	(10) NAME BEFORE MARRIAGE <u>Mary Grace Parker</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Hard S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Hard S.C.</u>		
(12) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>25</u>	(13) COLOR OR RACE <u>white</u> (12) AGE AT LAST BIRTHDAY <u>23</u>		
(14) BIRTHPLACE <u>Hard S.C.</u>	(15) BIRTHPLACE <u>Harney Co</u>		
(16) OCCUPATION <u>Farmer</u>	(17) OCCUPATION <u>Housewife</u>		
(18) Number of children born to mother, including present birth <u>1 one</u>	(19) Number of children of this mother now living, including present birth <u>1 one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Hour A. M. or P. M.)(21) (Signature) Gas A. Stone M.D.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife
Greenville S.C.Given name added from a supplement-
tal reportPaul S. Sainey(24) Witness (Signature of Witness necessary only
when question 22 is signed by mark)(25) Filed 10-15-1923 (26) B. Haskell Todd
Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of children
before the fifth month of pregnancy.

MARGIN RESERVED FOR BENDING.

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 4.

Bureau of Columbia, Columbia, S. C.