

(1) PLACE OF BIRTH

County of Myrtle Beach, S.C.
 Township of Myrtle Beach
 or
 In. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21790

Registration District No. Registered No.
 (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 James Jefferson Edwards child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type or Triplet — (5) Number in order of birth 4 (6) Age of Parents 30 (7) DATE OF BIRTH July 27, 1948
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Oliver Robinson Edwards
 (9) PRESENT POSTOFFICE OF FATHER Myrtle Beach, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE Okla Co Ok
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Ilda Mae Edmunds
 (15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (18) BIRTHPLACE Okla Co Ok
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 9 P. M.,
 on the date above stated. (Hour A. M. or P. M.)
S. A. Walling

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
 al report

(26) Witness

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

(27) Filed

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(28) M. W. Keith
 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.