

(1) PLACE OF BIRTH

County of *Mytham*
 Township of *Mytham*
 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 ON BIRTH *Boy* 4 Type or Triplet *—* 5 Number in order of birth *4* 6 Are Parents Married *Yes* 7 DATE OF BIRTH *July 24 1918*
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME *Oliver Robinson Edwards*9 PRESENT POSTOFFICE OF FATHER *Mytham S.C.*10 COLOR OR RACE *White* 11 AGE AT LAST BIRTHDAY *33*
 (Years)12 BIRTHPLACE *Robt Co S.C.*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 *Mytham S.C.*16 COLOR OR RACE *White* 17 AGE AT LAST BIRTHDAY *31*
 (Years)18 BIRTHPLACE *Robt Co S.C.*19 OCCUPATION *Housewife*20 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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Oliver Robinson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given 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)

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.