

(1) PLACE OF BIRTH
 County of Cherokee
 Township of"
 or
 Inc. Town of"
 or
 City of" (No.
 (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

File No.—For State Registrar Only
45753

Registration District No. 1102 Registered No. 4
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>By</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan. 17, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charlie Edwards

(9) PRESENT POSTOFFICE OF FATHER R.R. Man

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Dundee

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Gregory

(15) PRESENT POSTOFFICE OF MOTHER Cherokee

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Works in field

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie Nelson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cherokee

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Robt. Brown
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 18, 1916 (28) Jan Hannah
 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.

McCaw, *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.

FORM NO. 3 MARCH, 1915 REVISED FOR 1916
 THIS TABLE, WITH OTHER INFORMATION IN A PRESENT REPORT
 IS TO BE FURNISHED TO A REGISTRAR BY A PHYSICIAN OR MIDWIFE
 ATTENDING THE BIRTH OF THE CHILD.
 McCaw, C.