

(1) PLACE OF BIRTH

County of Durham

Township of Durham

or Town of Durham

City of Cashua

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

59503

Registration District No. 13-A

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Arthur Wallace Edwards

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>to be answered only in event of Twin or Triplet's</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 12</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Manly Edwards

(9) PRESENT POSTOFFICE OF FATHER Durham N.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Durham N.C.

(13) OCCUPATION Milk Collector & Creamer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Stottie Prince Wallace

(15) PRESENT POSTOFFICE OF MOTHER Durham N.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Florence N.C.

(19) OCCUPATION at home

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:49 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Edwards

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Durham N.C.

Given name added from a supplemental report

2205 10, 1916.

C. W. Miller

copy Registrar

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

(27) Filed April 12, 1916 (28) C. A. Carley 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.

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FIRST-HORN S. No. 1. THIS OFFICE, No. 2, etc., in question 5.

McCaw, of Columbia.

McCaw