

Form No. 3

(1) PLACE OF BIRTH

County of ColletonTownship of Blakesor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3517

Registration District No. 1402 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 Rose Ella Edwards If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 1 1923</u> (Name of Month) (Day) (Year)
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FATHER			MOTHER		
(8) FULL NAME <u>William Edward</u>	(14) NAME BEFORE MARRIAGE <u>Tella Grunden</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Green Pond S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Green Pond S.C.</u>				
(10) COLOR OR RACE <u>W. C.</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)		(16) COLOR OR RACE <u>W. C.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>00 S.C.</u>			(18) BIRTHPLACE <u>00 S.C.</u>		
(13) OCCUPATION <u>Saw mill laborer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hager Coleman
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond S.C.

Given name added from a supplemental report

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

(27) Filed Feb 7 1923 (28) B. T. Coleman 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.

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 3.

Revised 1917, Columbia, S. C.