

## (1) PLACE OF BIRTH

County of *Richmond*Township of *Edgemoor*Inc. Town of *Edgemoor*City of *Edgemoor*

(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

19642

Registration District No. *203*Registered No. *22*  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL *Girl*(4) Twin *Twin*(5) Number in order of birth *1*(6) Are Parents Married *yes*(7) DATE OF BIRTH *July 12 1923*

## FATHER.

(8) FULL NAME *G. W. Durr*(9) PRESENT POSTOFFICE OF FATHER *Waguer*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *60*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Merchandise*(14) Number of children born to mother, including present birth *19*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Ellen Oswald*(15) PRESENT POSTOFFICE OF MOTHER *Waguer*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *34*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House wife*(20) Number of children of this mother now living, including present birth *16*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive stillborn* at *7 P.* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Dr. J. J. Dade*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Waguer*

Given name added from a supplemental report

(26) Witness *Michael*

(Signature of Witness necessary only when entries 23 is signed)

(27) Filed *July 13 1923*

(28) Local Registrar

When there was no attending physician or midwife, when 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.