

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Wagners

Inc. Town of .....

City of .....

(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

Registration District No. 199 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Edna Terch

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

(3) SEX OF CHILD <u>By</u>	(4) Type of Infant To be recorded as to sex of Twin or Triplet	(5) Number in order of birth	(6) Age of Child <u>per</u>	(7) DATE OF BIRTH <u>Feb. 19, 1923</u> (Name of Month) (Day) (Year)
-------------------------------	---	------------------------------	--------------------------------	---

FATHER		MOTHER	
(8) FULL NAME <u>Charles Terch</u>	(9) NAME BEFORE MARRIAGE <u>Lilli Spencer</u>	(10) PRESENT RESIDENCE OF FATHER <u>Calhoun Falls S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Calhoun Falls S.C.</u>
(11) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(11) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(12) BIRTHPLACE <u>Abbeville Co</u>	(12) BIRTHPLACE <u>Abbeville Co</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Domestic</u>
(14) Number of children born to mother, including present birth <u>3</u>	(14) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(16) (Signature) Lilli Spencer(17) Name, whether Physician or Midwife Midwife(18) Address of Physician or Midwife Calhoun Falls

Given under my hand and seal of office this 20 day of Feb. 1923 at Calhoun Falls S. C.

Signature of Witness necessary only if question 20 is signed "Stillborn"

W. H. Harrison Local Registrar

Physician, Midwife, or other person, etc., should make this return. If report is desired of stillbirths.