

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
28290

(1) PLACE OF BIRTH
 County of Effingham
 Township of Effingham
 or Town of Effingham
 or City of Effingham
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1004 Registered No. 39
 (For use of Local Registrar)

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

BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 9th 1923
 (Name of Month) (Day) (Year)

FATHER
 FULL NAME Channon Edwards

PRESENT POSTOFFICE OF FATHER Effingham

COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 21
 (Years)

BIRTHPLACE Effingham

OCCUPATION Farming

Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Hattie Graham

(15) PRESENT POSTOFFICE OF MOTHER Effingham

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

(18) BIRTHPLACE Effingham

(19) OCCUPATION Farming

(21) 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 alive at 12 o'clock on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Brooks
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Effingham

Given name added from a supplemental report

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

(27) Filed Sept 12 1923 (28) L. C. Hill
 Registrar 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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