

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
OR
Inc. Town of Spartanburg
OR
City of Spartanburg

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

File No.—For State Registrar Only
32075

Registration District No. 40-A Registered No. 351
(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 Eva Mary Edwards If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Yes (4) Twin or Triplet? No (5) Number in order of birth 5th (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-11-1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME V. C. Edwards
9) PRESENT POSTOFFICE OF FATHER Spartanburg
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
12) BIRTHPLACE SC
13) OCCUPATION Mill Operative
20) Number of children born to mother, including present birth 5

MOTHER.
14) NAME BEFORE MARRIAGE Jessie Morgan
15) PRESENT POSTOFFICE OF MOTHER Spartanburg
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)
18) BIRTHPLACE Tenn.
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. W. S. S. S.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10-1-10 (28) Gas. C. S. S. 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.

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.