

## (1) PLACE OF BIRTH

County of Harvey Co.Township of Dog Bluffor  
Inc. Town of .....

City of .....

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mae Edwin

File No. — For State Registrar Only

30738

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2503 Registered No. 74

(For use of Local Registrar)

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept. 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bill Edwin(9) PRESENT POSTOFFICE OF FATHER Aynor SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 19  
(Years)(12) BIRTHPLACE Harvey Co(13) OCCUPATION farming(20) Number of children born to mother, including present birth five

## MOTHER.

(14) NAME BEFORE MARRIAGE Mae Dimery(15) PRESENT POSTOFFICE OF MOTHER Aynor(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Harvey Co(19) OCCUPATION farming(21) Number of children of this mother now living, including present birth five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary E. Skipper(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Aynor SC

Given name added from a supplemental report.

(26) Witness

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

Dr. J. J. Davis 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 be reported as stillborn. No report is desired of stillbirths.