

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Orangeburg
 Township of Edwards
 OR
 Inc. Town of Edwards
 OR
 City of (No. St.; Ward)
 (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. 3668 - Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child Hazel Gertrude Waymen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH June 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Greenough Waymen
 (9) PRESENT POSTOFFICE OF FATHER Paraders S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Paraders S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda S. Perry
 (15) PRESENT POSTOFFICE OF MOTHER Edwards S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Paraders S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was June 27 at 9 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carolina Way Edwards
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edwards S.C.

Given name added from a supplemental report
 (26) With W. Greenough Waymen Signature of Witness necessary only when question 23 is signed by mother
 (27) Filed June 28 1922 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.