

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 2.

(1) PLACE OF BIRTH

County of Wayne  
Township of North

OR  
Inc. Town of  
OR  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**1103**

Registration District No. 2400

Registered No. 16  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
St. 1 Ward 1

2) Full Name of Child William Edgar

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth  
To be marked only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH May 7 1923  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Wm. Edgar

(14) NAME BEFORE MARRIAGE

William Edgar

(9) PRESENT POSTOFFICE OF FATHER

Wayne, N.C.

(15) PRESENT POSTOFFICE OF MOTHER

Wayne, N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Wayne, N.C.

(18) BIRTHPLACE

Wayne, N.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

10

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born at Wayne, N.C. on the date above stated.  
(Be alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

\*When there was no child, or when a child breathed even for a moment, etc., should make this return. If