

MADE BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sperry
 Township of
 or
 Inc. Town of
 or
 City of !!

(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

File No.—For State Registrar Only
20097

Registration District No. 40-A Registered No. 289
 (For use of Local Registrar)

(No. 134 Jennings St.; Ward)

(2) Full Name of Child

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 17 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Nathan Edwards
 (9) PRESENT POSTOFFICE OF FATHER City
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21
 (Years) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Labon
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Jenny Guy
 (15) PRESENT POSTOFFICE OF MOTHER City
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
 (Years) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Edwards (24) State whether Physician or Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7-15-22 (28) Jas Coker 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.