

(1) PLACE OF BIRTH

County of

Township of

OR  
Inc. Town ofOR  
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

74775

Registration District No. 4005- Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Raymond Edwards { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 22</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	-------------------------------	---	-------------------------------------	---

## FATHER.

(8) FULL NAME Luther Edwards(9) PRESENT POSTOFFICE OF FATHER Glenn Springs(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm labor.(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Candice Jeter(15) PRESENT POSTOFFICE OF MOTHER Glenn Springs(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm labor(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 Born alive at 10 2 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Shelly Reese

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Glenn Springs

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness Mrs. White

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

(27) Filed Sept 1 191... (28) J. C. White  
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.

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.

McCaw, of Columbia.