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FILE No.—For State Registrar Only

0142

1. PLACE OF BIRTH

County of Georgetown
 Township of Black Mingo
 or
 Inc. Town of near
 or
 City of Phem, S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2105Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Andrew Bell Edwards, Jr.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 (If child is not yet named, make supplemental report as directed.)

3. Boy Girl If Plural Births 4. Twin, triplet, or other 5. Number, in order of birth 1 6. Premature Full term 7. Are Parents Married? 8. Date of birth April 21, 1916
(Month, day, year)

9. Full name Andrew Bell Edwards FATHER 16. Name before marriage William Wheeler MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Phem, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Phem, S.C.

11. Color or race White 12. Age at last birthday 45 (Years) 20. Color or race White 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) (State or country) Columbia S.C. 22. Birthplace (city or place) (State or country) Cades S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stone 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 12-1-1917 17. Total time (years) spent in this work 24 yrs 25. Date (month and year) last engaged in this work 1-22-1938 26. Total time (years) spent in this work 21 yrs

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead No (c) Stillborn

28. If stillborn, period of gestation 3 months 1 weeks 29. Cause of stillbirth Before labor During labor

Specify any physical deformities of child at birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11308 m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Andrew Bell Edwards, Jr. (Signed) Father M.D.

Given name added from Andrew Bell Edwards, Jr.
 a supplemental report. (Date of) _____

or _____, Midwife

Address _____

Filed Jan. 29, 1937 M.B. Woodward, M.D.
Asst. State Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)