

## (1) PLACE OF BIRTH

County of SaludaTownship of S.

Inc. Town of .....

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 HealthFile No. — For State Registrar Only  
**22478**Registration District No. 39.04 Registered No. 32  
(For use of Local Registrar)

(No. .... St. .... Ward)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 2, 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Louis E. Edwards</u>			(10) NAME BEFORE MARRIAGE <u>Mary Coleman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chapel Hill S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Chapel Hill S.C.</u>	
(12) COLOR OR RACE <u>Black</u>			(13) AGE AT LAST BIRTHDAY (Year) <u>11</u>	
(14) BIRTHPLACE <u>S.C.</u>			(15) AGE AT LAST BIRTHDAY (Year) <u>52</u>	
(16) OCCUPATION <u>Farmer</u>			(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Triplett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Chapel Hill S.C.

(If given name added from a supplemental report)

(26) Witness

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

(27) Filed July 3, 1923

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.