

1) PLACE OF BIRTH

County of Gul.
Township of Chick
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17794

City of

Registration District No. 2104

Registered No. 96
(For use of Local Registrar)

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

2) Full Name of Child Dorothy S. Edwards

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

☒ GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) Age of Parent Married?

(7) DATE OF BIRTH Jan. 13, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME William S. Edwards

PRESENT POSTOFFICE OF FATHER Taylor R. 2

(1) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)

(2) BIRTHPLACE Gul. County, S.C.

(3) OCCUPATION Farmer

(8) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Taylor

(15) PRESENT POSTOFFICE OF MOTHER Taylor R. 2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Gul. County, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

2) I hereby certify that I attended the birth of this child, who was born live at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Edwards
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Taylor R. 2

Even name added from a supplemental report

Sept. 28, 1923
Jan. 1, 1924

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

(37) Filed 6-27-1923 (38) W. S. Edwards 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.

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