

RECORD.  
each child, and mark the  
ation 5.

FORM NO. 2.  
MARGIN  
WRITES PLAINLY, WITH UNFADING  
N. B.—In case of TWINS OR TRIPLETS  
FIRST-BORN, No. 1

City of Columbia.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Edmund  
or  
Inc. Town of Edmund  
or  
City of Edmund  
(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  
**2978**

Registration District No. 3B Registered No. 10  
(For use of Local Registrar)

(No. 10 St.; 10 Ward)

(2) Full Name of Child Mareille Wyne If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? 30 (7) DATE OF BIRTH 2 15 1922  
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Wyne  
(15) PRESENT POSTOFFICE OF MOTHER Edmund 372  
(16) COLOR OR RACE Neg (17) AGE AT LAST BIRTHDAY 16  
(Years)  
(18) BIRTHPLACE Anderson Co  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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 at Edmund on the date above stated. (Hour 5 P. M.)  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Edmund

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
[Signature]  
(27) Filed Feb 28 1922 (28) [Signature] 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.

APFD NEXT FRAME

0402