

## (1) PLACE OF BIRTH

County of York  
 Township of Columbia  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**20538**

Registration District No. 4405 Registered No. 27  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child (Boy) Edwards

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

3. BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 8th (6) Are Parents Married? yes (7) DATE OF BIRTH 6/16 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Bob E. Edwards  
 9. PRESENT POSTOFFICE OF FATHER Lexington S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Year)  
 (12) BIRTHPLACE York Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 18

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Year)  
 (18) BIRTHPLACE York Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 17

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:10 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. E. Simpson

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

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed 7/10/22 (28) J. H. Smith 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.