

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <i>Johns</i>		STATE OF SOUTH CAROLINA		4196	
TOWNSHIP OF <i>Bayboro</i>		Bureau of Vital Statistics			
INC. TOWN OF		State Board of Health			
CITY OF		Registration District No. <i>254</i>		Registered No. <i>14</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <i>St.</i> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Lula Marie Edwards</i>					
(3) SEX OF CHILD <i>Girl</i>		(4) Twin or Triplet		(5) Number in order of birth	
(6) Are Parents Married <i>yes</i>		(7) DATE OF BIRTH <i>Feb 10 22</i>		(8) child is not yet named, make supplemental report as directed	
FATHER.			MOTHER.		
(9) FULL NAME <i>James Tillman Edwards</i>			(14) NAME BEFORE MARRIAGE <i>Julia Agnes Gussard</i>		
(10) PRESENT POSTOFFICE OF FATHER <i>Gallinets Ferry SC R2</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Gallinets Ferry SC R2</i>		
(11) COLOR OR RACE <i>White</i>			(12) AGE AT LAST BIRTHDAY <i>30</i>		
(13) BIRTHPLACE <i>Henry Co SC</i>			(14) COLOR OR RACE <i>White</i>		
(15) OCCUPATION <i>Farming</i>			(16) AGE AT LAST BIRTHDAY <i>27</i>		
(17) Number of children born to mother, including present birth <i>Three</i>			(18) BIRTHPLACE <i>Henry Co SC</i>		
(19) OCCUPATION <i>Housewife</i>			(20) Number of children of this mother now living, including present birth <i>Three</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(21) I hereby certify that I attended the birth of this child, who was <i>alive</i> at <i>2 A</i> M., on the date above stated. (Born <i>alive</i> or stillborn. Hour A. M. or P. M.)					
(22) (Signature) <i>Thayer Richardson</i>					
(23) State whether Physician or Midwife <i>Physician</i>					
(24) Address of Physician or Midwife <i>Leno S.C.</i>					
(25) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)					
(26) Filed <i>Mar 8 1923</i> (27) 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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