

(1) PLACE OF BIRTH

County of Richmond

Township of Richmond

City of Richmond

Registration District No. 2004

Registered No. 32

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

18589

Full Name of Child Julia May Edwards

Sex or Child Girl

Age at Last Birthday 39

Color or Race W

Birthplace Richmond, Va

Occupation Teacher

Number of children born to mother including present birth 8

Are Parents Married? Yes

DATE OF BIRTH May 15-22

NAME BEFORE MARRIAGE Annie Thompson

PRESENT POSTOFFICE OF MOTHER St. James

COLOR OR RACE W

BIRTHPLACE Richmond, Va

OCCUPATION Teacher

Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at Richmond (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Macpherson

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

Given name added from a supplemental report

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

(27) Filed 191 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.

Registrar

(27) Filed 191 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.