

Form No. 1

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Mount Pleasant*

Inc. Town of .....

City of .....

(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's Use

3252

Registration District No. *9.01* Registered No. *7*  
(For use of Local Registrar)(2) Full Name of Child *Walter J. Edwards* (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER	(4) Type or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Male	1	7	yes	Feb 5 1920
(To be answered only in event of Twins or Triplets)				

FATHER.		MOTHER.	
(8) FULL NAME	<i>John Edwards</i>	(14) NAME BEFORE MARRIAGE	<i>Cydia Braddy</i>
(9) PRESENT RESIDENCE OF FATHER	<i>W. Pleasant</i>	(15) PRESENT RESIDENCE OF MOTHER	<i>W. Pleasant</i>
(10) COLOR OR RACE	<i>col</i>	(16) COLOR OR RACE	<i>col</i>
(11) AGE AT LAST BIRTHDAY	<i>42</i>	(17) AGE AT LAST BIRTHDAY	<i>36</i>
(12) BIRTHPLACE	<i>So. Ca</i>	(18) BIRTHPLACE	<i>So. Ca</i>
(13) OCCUPATION	<i>Labour</i>	(19) OCCUPATION	<i>domestic</i>
(20) Number of children born to mother, including present birth	<i>6</i>	(21) Number of children of this mother now living, including present birth	<i>2</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Geo. Thompson* (24) State whether, Physician or Midwife *Physician* (25) Address of Physician or Midwife *W. Pleasant*Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Feb 11 1920* (28) Local Registrar *Chas. McMillin*

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Census, Columbia, S. C.