

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Cherokee  
 or  
 Loc. 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  
41718

Registration District No. 1207 Registered No. 94  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Olga May Edwards If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 23, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Fannie Edwards

(14) NAME BEFORE MARRIAGE Rosa Tolson

(9) PRESENT POSTOFFICE OF FATHER Patrich St

(15) PRESENT POSTOFFICE OF MOTHER Patrich St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Housewife

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Campbell

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

Given name added from a supplemental report

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

(27) Filed Dec 31, 1922 (28) W. B. B. B. 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.