

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

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Cherokee</u></p> <p>Township of <u>Hamblin</u></p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>FILE - IN THIS BUREAU</p> <p>9772</p>	
<p>Registration District No. <u>102</u></p>		<p>Registered No. <u>2</u></p> <p>(For use of Local Registrar)</p>		<p>(No. St. Ward)</p>	
<p>(2) Full Name of Child <u>Adair Bull Edwards</u></p> <p>If child is not yet named, make supplementary report as directed</p>					
<p>(3) SEX OR CHILD <u>Girl</u></p>	<p>(4) TWIN or TRIPLE <u>No</u></p>	<p>(5) NUMBER in order of birth <u>10</u></p>	<p>(6) AGE <u>yes</u></p>	<p>(7) DATE OF BIRTH <u>Feb 8</u></p>	<p>(8) TIME OF BIRTH <u>12:30</u></p>
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(9) FULL NAME <u>William Ernest Edwards</u></p>			<p>(10) NAME BEFORE MARRIAGE <u>Samuel Bessie</u></p>		
<p>(11) PRESENT RESIDENCE OF FATHER <u>Williamville</u></p>			<p>(12) PRESENT RESIDENCE OF MOTHER <u>Williamville</u></p>		
<p>(13) COLOR <u>White</u></p>			<p>(14) COLOR <u>Col</u></p>		
<p>(15) AGE AT LAST BIRTHDAY <u>33</u></p>			<p>(16) AGE AT LAST BIRTHDAY <u>35</u></p>		
<p>(17) BIRTHPLACE <u>Union Co.</u></p>			<p>(18) BIRTHPLACE <u>Union Co.</u></p>		
<p>(19) OCCUPATION <u>Farming</u></p>			<p>(20) OCCUPATION <u>House Keeping</u></p>		
<p>(21) Number of children born to mother, including present birth <u>1</u></p>			<p>(22) Number of children of this mother now living, including present birth <u>6</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p>					
<p>(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>22</u> <u>Feb</u> <u>1902</u> <u>7</u> <u>M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(24) (Signature) <u>Lula Bessie Williams</u></p>					
<p>(25) State whether Physician or Midwife</p>					
<p>(26) Address of Physician or Midwife</p>					
<p>Given name added from a supplemental report</p>			<p>(27) Witness</p>		
<p><u>Sam J. Strain</u></p>			<p>(Signature of Witness necessary only when question 25 is signed by mark)</p>		
<p>Registrar</p>			<p>(28) Date <u>Apr 10</u> 19<u>02</u></p>		
<p>Local Registrar</p>			<p>(29) <u>Sam J. Strain</u></p>		

*When there is 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.