

(1) PLACE OF BIRTH

County of (Newberry)
 Township of (No. 1)
 of
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

29482

Registration District No. 3408 Registered No. 57
 (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 Dotha Edwards If child is not yet named, make supplemental report as directed

(3) BOY (X) GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 19 1923</u> (Name) (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Orlage Edwards</u>			(14) NAME BEFORE MARRIAGE <u>Rose L. Koon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Newberry Co S.C.</u>			(18) BIRTHPLACE <u>Newberry Co S.C.</u>	
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Laundry</u>	
(20) Number of children born to mother, including present birth <u>14</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Emma L. Luby
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Edmund S. Cunningham
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 22 1923 (28) Edmund S. Cunningham
 Registrar 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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