

(1) PLACE OF BIRTH

County of LaurensTownship of Yamouss

or

Inc. Town of

or

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 Only

43335

Registration District No. 2908Registered No. 8.3

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26 22</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Ed Edwards(14) NAME BEFORE MARRIAGE Gertrude Rodgers(9) PRESENT POSTOFFICE OF FATHER Enoree, SC(15) PRESENT POSTOFFICE OF MOTHER Woodruff St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE N.C.(18) BIRTHPLACE N.C.(13) OCCUPATION Farming(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Ellen Rodgers(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff St

Given name added from a supplemental report

(26) Witness Copied by R. H. Harris
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed 10/23 (28) R. H. Harris 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.