

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston, S.C.

(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

27445

Registration District No. 1ARegistered No.
(For use of Local Registrar)(2) Full Name of Child William C. E. Edwards, Jr.

If child is not yet named, make supplemental report as directed

(1) SEX BOY OR GIRL? <u>Boy</u>	(4) Type or Triplet? <u>Y</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>12 22 1914</u> (Name of Month) (Day) (Year)
------------------------------------	----------------------------------	--	---	--

FATHER

MOTHER

(8) FULL NAME William C. E. Edwards(14) NAME BEFORE MARRIAGE Glennie Whaley(9) PRESENT POSTOFFICE OF FATHER 110 - 11 Philip St. Charleston S.C.(15) PRESENT POSTOFFICE OF MOTHER 110 - 11 Philip St. Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Charleston(18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(19) OCCUPATION Wife(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 22 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John C. Edwards (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/14/25 Local Registrar

When there was no attending physician or midwife, then the mother, 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.