

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWINS OR TRIPLETS, PRINT THE NAME OF EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		2607	
Township of <u>Jefferson</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Jefferson</u>		State Board of Health			
City of <u>Jefferson</u>		Registration District No. <u>11.000</u>		Registered No. <u>6</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Lucy Edwards</u>		(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>Jan 9 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert L. Edwards</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Edwards</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Jefferson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jefferson</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>16</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)		
(12) BIRTHPLACE <u>Sumter</u>			(18) BIRTHPLACE <u>Sumter</u>		
(13) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Walter L. Edwards</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Jefferson</u>					
Given name added from a supplemental report <u>None</u>					
(26) Witness <u>W. C. Handley</u>					
(Signature of Witness necessary only when question 22 is signed by mark)					
(27) Filed <u>Jan 15 1922</u> (28) <u>W. C. Handley</u> 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.