

(1) PLACE OF BIRTH

County of

Township of

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

41449

Registration District No. 100

Registered No. 2694
(For use of Local Registrar)

(2) Full Name of Child

Anna Sue Edmunds

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Single

Number in order of birth

4

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 15 - 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Albert Dexter Edmunds

(9) PRESENT POSTOFFICE OF FATHER

Goffney S S

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Union Co S S

(13) OCCUPATION

Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Marie Edmunds

(15) PRESENT POSTOFFICE OF MOTHER

Goffney S S

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Spartanburg Co S S

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 4:40 P.M., on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by male)

(27) Filed

Jan 10 1923 (28) W. F. Smith

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.