

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6836

Registration District No. 9ARegistered No. 450
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH March 17, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mortimer M. Edwards

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Porter in Club

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

Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary A. Morau

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Housewife

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

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Low, M. Thomas, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

65 Morris St., Charleston, S.C.

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

March 17, 1922
22 Merced Green H.D.
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.

Filed

Corrected

1922

March 20, 1922

Registrar

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
MAGAZINE OF COLUMBIA, COLUMBIA, S. C.