(1) PLACE OF BIRTH

County of Orangeburg

Township of Branchville

or

Inc. Town of .....

or

City of ..... (No. ..... St.) ..... Ward)

(If birth occurs in a hospital or other institution, give name of such 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: 22072

Registration District No. 3601 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Edna Lee West

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

(3) Boy or Girl	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) Date of Birth (Month) (Day) (Year)
Girl	Twins (To be answered only in event of Twins or Triplets)	2	yes	July 17, 1923

FATHER.	MOTHER.
(8) Full Name: Peter West	(14) Maiden Name: Lilla Grant
(9) Present Postoffice of Father: Branchville S.C.	(15) Present Postoffice of Mother: Branchville S.C.
(10) Color or Race: Negro	(16) Color or Race: Negro
(11) Age at Last Birthday: 40 (Years)	(17) Age at Last Birthday: 38 (Years)
(12) Birthplace: S C	(18) Birthplace: S C
(13) Occupation: Farmer	(19) Occupation: Housewife
(20) Number of children born to mother, including present birth: 8	(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P. M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Ann West

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Branchville S.C.

(Given name added from a supplemental report) ..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Aug 6 1923 (28) Preston Lott

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.