

(1) PLACE OF BIRTH

County of Richmond
Township of Wine
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

6829

Registration District No. 1813 Registered No. 3
(For use of Local Registrar)

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

(2) Full Name of Child Sandra Louise

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10 27 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William H. Edwards
(9) PRESENT POSTOFFICE OF FATHER Richmond
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
(12) BIRTHPLACE Richmond, S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Seaham
(15) PRESENT POSTOFFICE OF MOTHER Richmond
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)
(18) BIRTHPLACE Richmond, S.C.
(19) OCCUPATION Housewife
(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 alive or stillborn on the date above stated. (Sign A. M. or P. M.)

(23) (Signature) J. H. Edwards
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richmond, S.C.

Given name added from a supplemental report

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

(27) Signed 4/10/1 1923 (28) John H. Edwards 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.

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