

(1) PLACE OF BIRTH

County of Richland
 Township of Millbrook
 Inc. Town of
 City of (No. St. Ward)

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

File No. - For State Registrar Only

9047

Registration District No. 207Registered No. 20
(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 John Edwards

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

(3) BOY OR GIRL Boy (4) Twin or Triplet Single (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 5 1923
 (Name of Month) (Day) (Year)

(8) FATHER
 (9) FULL NAME John Edwards
 (10) PRESENT POSTOFFICE OF FATHER Marionville SC
 (11) COLOR OR RACE W.C. (12) AGE AT LAST BIRTHDAY 28 (Year)
 (13) BIRTHPLACE Marionville SC
 (14) OCCUPATION Farming
 (15) Number of children born to mother, including present birth 4

(16) MOTHER
 (17) FULL NAME Lucy Mitchell
 (18) PRESENT POSTOFFICE OF MOTHER Marionville SC
 (19) COLOR OR RACE W.C. (20) AGE AT LAST BIRTHDAY 28 (Year)
 (21) BIRTHPLACE Marionville SC
 (22) OCCUPATION Housewife
 (23) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(24) I hereby certify that I attended the birth of this child, who was white at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) W. H. Page
 (26) State whether Physician or Midwife (27) Address of Physician or Midwife

Given name added from a supplemental report

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

(29) Filed April 11 1923 (30) W. H. Page 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.