

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.

McKay, of Columbia

(1) PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia
(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
36154

Registration District No. 291 Registered No. 1752
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Floris M. Edwards { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? g (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 28
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. L. Edwards
(9) PRESENT POSTOFFICE OF FATHER Columbia SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Sailor
(20) Number of children born to mother, including present birth { 2

MOTHER.
(14) NAME BEFORE MARRIAGE Irene Biggs
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION
(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 alive at 4 30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Dukes
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Ad D Columbia SC

Given name added from a supplemental report
..... 191

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11-18-1912 (28) 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.
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.