

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Orangeburg

Township of \_\_\_\_\_

or

Inc. Town of Branchville

or

City of \_\_\_\_\_

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3601

22 049265

FILE No.—For State Registrar Only

00791

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

Ward)

2. FULL NAME OF CHILD St. Claire Edwards

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

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature .....	7. Are Parents Married? <u>Yes</u>	8. Date of birth ..... <u>June 9</u> ....., 19 <u>22</u> (Month, day, year)
9. Full name	FATHER <u>Chester Edwards</u>		MOTHER <u>Bertha Simpson</u>		

10. Residence (mailing address)  
(If non-resident, give place and State) Branchville, S. C.19. Residence (mailing address)  
(If non-resident, give place and State) Branchville, S. C.11. Color or race. Negro 12. Age at child's birth. 21 ..... (years)20. Color or race. Negro 21. Age at child's birth. 18 ..... (years)13. Birthplace (city or place) ... Branchville, S. C. .....  
(State or country)22. Birthplace (city or place) ... Branchville, S. C. .....  
(State or country)OCCUPATION  
14. Trade, profession or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. .... Southern RR .....OCCUPATION  
23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. .... Housekeeper .....15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc. ....24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. ....16. Date (month and year) last  
engaged in this work  
....., 19....25. Date (month and year) last  
engaged in this work  
....., 19....17. Total time (years)  
spent in this work.....26. Total time (years)  
spent in this work.....27. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living.... 2... (b) Born alive but now dead.... 0... (c) Stillborn 0....28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth .....  
Before labor .....  
During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 1:20 P. m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.Given name added from  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.

(Signed) Bertha Edwards, Parent  
or \_\_\_\_\_, GuardianAddress \_\_\_\_\_  
Filed Aug. 28th, 1944 L. A. Riser, M.D.  
Registrar.

vtg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate.)