

(1) PLACE OF BIRTH

County of S Dillon
Township of H. iels. lers.
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
18403

Registration District No. 160.3 Registered No. 8.8
(For use of Local Registrar)

(No. St.; Ward)

If child is born in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Nancy Irene Edwards

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

3. SEX
MALE
or
FEMALE

4. TWINS
or
TRIPLETS

5. Number in
order of birth

6. Are
Parents
Married?

7. DATE OF
BIRTH

June 17, 1922
(Month Day Year)

FATHER.

8. FULL
NAME

John Edwards

9. PRESENT
POSTOFFICE
OF FATHER

John SC

10. COLOR
OR
RACE

White

11. AGE AT LAST
BIRTHDAY

(Year)

12. BIRTHPLACE

SC

13. OCCUPATION

Farmer

14. Number of children born to
mother, including present birth

2

14. NAME BEFORE
MARRIAGE

Ethel Stubbs

15. PRESENT
POSTOFFICE
OF MOTHER

John SC

16. COLOR
OR
RACE

White

17. AGE AT LAST
BIRTHDAY

(Year)

18. BIRTHPLACE

SC

19. OCCUPATION

Housewife

20. 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 3:15 PM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

John

Pauline St.

Given name added from a supplement
report

(26) Witness

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

(27) Filed July 1, 1922

(28) N. Y. Sales

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.