

(1) PLACE OF BIRTH
 County of Greenville
 Township of Law
 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
42968

Registration District No. 2261 Registered No. 81
 (For use of Local Registrar)

(2) Full Name of Child Maryette Josephine Edwards
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.:
 Ward:
 (Not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Isaac Edwards
 (9) PRESENT POSTOFFICE (OF FATHER) Travelers Rest S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
 (Years)
 (12) BIRTHPLACE Greenville S.C.
 (13) OCCUPATION Woodsman
 (14) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Moncy Wynn
 (15) PRESENT POSTOFFICE OF MOTHER Same
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
 (Years)
 (18) BIRTHPLACE Spaulding S.C.
 (19) OCCUPATION at Home
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Thomas P. Benson, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Travelers Rest S.C.

Given name added from a supplemental report
James S. 1916
C. W. Miller
Deputy Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 28 1916 (28) L. E. L. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A FIRST-BORN S. No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, S. C. Registrar