

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Law

or

Inc. Town of

or

City of

(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

42968

Registration District No. 2261Registered No. 81

(For use of Local Registrar)

St.: \_\_\_\_\_ Ward:

(2) Full Name of Child Myrtle Josephine Edwards

(If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 22

(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 Bookkeeper(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(20) 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) W. D. [Signature](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. [Signature] 1916  
Dr. [Signature] Registrar

(26) Witness

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

(27) Filed Dec 22 1916(28) L. E. [Signature] 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.

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WHILE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE  
FIRST-BORN S. No. 1. THE OTHER, No. 2, etc., in question 5.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MUST BE  
McGraw-Hill