

NOTE—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. McCaw, of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
85832

(1) PLACE OF BIRTH
 County of Greenville
 Township of _____
 or
 Inc. Town of Pocmill Registration District No. 2209 Registered No. 549
 or
 City of _____ (No. 117 Third St St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child _____ } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? _____	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small> _____	(6) Are Parents Married <u>ye</u>	(7) DATE OF BIRTH <u>Nov. 15</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Wade Haulter Edwards</u>		(14) NAME BEFORE MARRIAGE <u>Mattie Gibson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Union Co</u>		(18) BIRTHPLACE <u>Union Co</u>		
(13) OCCUPATION <u>Mill work</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth _____		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at _____, _____, 1916.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alvin Everett Brown

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife
MD Greenville

Given name added from a supplemental report _____, 1916.....

_____, 1916..... Registrar

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

(27) Filed Dec 3 1916 (28) A H Mack 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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