

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

File No.—For State Registrar Only

42089

## (1) PLACE OF BIRTH

County of SalterTownship of Hillsboro

Inc. Town of.....

City of.....

Registration District No. 1603Registered No. 494  
(For use of Local Registrar)

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

(2) Full Name of Child Mary Florence Edwards child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 15, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Colon Edwards(9) PRESENT POSTOFFICE OF FATHER Fork SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Flore Rogers(15) PRESENT POSTOFFICE OF MOTHER Fork SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. Sells Field  
(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Fork SC

Given name added from a supplemental report

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

(27) Filed Dec 3 22 (28) M. M. Sells Field  
Registrar 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.