

(1) PLACE OF BIRTH

County of Harry
 Township of Friend Sea
 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

15338

Registration District No. 2506Registered No. 39
(For use of Local Registrar)

(No. 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 Eluta Edwards

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 8 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James M. Luffie Edwards

(9) PRESENT POSTOFFICE OF FATHER

Loris S.C. R1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22
(Year)

(12) BIRTHPLACE

Loris C.S.C.

(13) OCCUPATION

arming

(20) Number of children born to mother, including present birth

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Lue Jane Williams

(15) PRESENT POSTOFFICE OF MOTHER

Loris S.C. R1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

21
(Year)

(18) BIRTHPLACE

Harry C S C

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 1:30 P.M. on the date above stated.
 (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician | Loris S.C.

Given name added from a supplemental report

(26) Witness

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

19
Registrar

(27) Filed

May 9 22

(28)

E. E. Buffkin
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.

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.