

30251

County of Anderson

Township of

inc. Town of.....

City of North Andover

(If birth occurs in a hospital)

Registration District No.

Registered No.
(For use of Local Registrar)

(No. St. Ward)
(If institution, give name of same instead of street and number.)

(2) Full Name of Child... Adell Warden

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

(1) REPORTING OFFICER	(2) Title or Position To be completed only in event of Title or Position	(3) Ranking in order of birth	(4) Are you a member? <i>yes</i>	(5) DATE OF BIRTH <i>10/06</i>
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FATHER.

William Wardlaw

(10) **CONFIDENTIAL** North Anderson

(16) COLOR **Black** (17) ARE AT LAST **46**
IDENTITY.....

[illegible]

Abbeville Co.

Fred at Fertilizer Mill

(79) Number of children born to _____

NOTES

70 ~~SECRET~~ ~~CONFIDENTIAL~~ *Queenie Jackson*

(70) **RECENT** **STUDIES** *North Anderson*

(10) COLOR (11) GREAT LAKES 46

(S) BIRTHPLACE

Abberville Co.

1. Name

Number of copies of the report: 1

CERTIFICATE OF AWARD OF PATENT RIGHTS

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 2 1

(10) (Signature) [Signature]
(11) State whether Indemnified

105 Stevens St

North Anderson

Signature is without necessity only
when question is signed by mark)

Local Registrar.

Stillbirths, or deaths of infants, even the rather, newborns, etc., should make this return. Stillbirths, or deaths of infants, even the rather, newborns, etc., should make this return. Stillbirths, or deaths of infants, even the rather, newborns, etc., should make this return.

...of stillbirths, then the father, householder, etc. should make this return. No report is desired of stillbirths before the fifth month of pregnancy.