

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Left Right  
 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

31651

Registration District No. 3007 Registered No. 72  
 (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 Annie May Wadd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 4 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Louis Wadd  
 (9) PRESENT POSTOFFICE OF FATHER Springfield  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41  
 (Years)  
 (12) BIRTHPLACE Sc  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Springfield  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (18) BIRTHPLACE Sc  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delia + Rose (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

(26) Witness J. M. Gass (Signature of Witness necessary only when question 22 is signed mark)

(27) Filed Sept 22 (28) J. M. Gass 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.