

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

18758

Registration District No. 2200 Registered No. 80  
(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 Willie May Vardie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernst Patrick Vardie  
(9) PRESENT POSTOFFICE OF FATHER Simpsonville S.C. #1  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36  
(12) BIRTHPLACE Greenville S.C. Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie May Hamby  
(15) PRESENT POSTOFFICE OF MOTHER Simpsonville S.C. #1  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 1  
(18) BIRTHPLACE Greenville S.C. Co.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... at 11:50 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 22 (28) P. L. Richardson  
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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MAKE THE

MCCAB OF COLUMBIA, COLUMBIA, S. C.

MCC