

Form No. 1

(1) PLACE OF BIRTH

County of Manchester
 Township of Civilian
 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

34223

Registration District No. 1704 Registered No. 14
 (For use of Local Registrar)

City of (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 Alfred Pinkney Wager If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married? Yes (7) DATE OF BIRTH Sept 28, 22
 (Named Month) (Day) (Year)

FATHER

(8) FULL NAME Alfred Pinkney Wager(9) PRESENT POSTOFFICE OF FATHER St. George S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE St. George S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Rosa Pemberton(15) PRESENT POSTOFFICE OF MOTHER St. George(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE St. George(19) OCCUPATION House maker(20) Number of children born to mother, including present birth 1 2(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matthias - informant(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. George S.C. attending physician

Given name added from a supplemental report

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

(27) Filed Nov 6, 1922 (28) Gellum 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.