

(1) PLACE OF BIRTH

County of Lenoir

Township of

Inc. Town of

City of Winnabow, N.C. (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14

File No. - For State Registrar Only

30107

Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 3019 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wade Henry Huffman

(9) PRESENT POSTOFFICE OF FATHER

Winnabow, N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

York County

(13) OCCUPATION

Carpenter

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Braddock

(15) PRESENT POSTOFFICE OF MOTHER

Winnabow, N.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Darlington County

(19) OCCUPATION

Mill woman

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 5:30 P.M.

on the date above stated.

(23) (Signature) Chas. B. McCallister

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Winnabow, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 9 19 22(28) J. M. Haynes

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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