

(1) PLACE OF BIRTH

County of W. Hamburg
 Township of Bridge
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

File No.—For State Registrar Only
19493

Registration District No. 4319 Registered No. 13
 (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 Willie James McFadden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb. 18 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Wesley McFadden</u>			(14) NAME BEFORE MARRIAGE <u>Jane McFadden</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cadesburg, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cadesburg, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY (Years) <u>27</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>27</u>	
(12) BIRTHPLACE <u>W. Hamburg Co., S.C.</u>			(18) BIRTHPLACE <u>W. Hamburg Co., S.C.</u>	
(13) OCCUPATION <u>Farm hand</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Willie McFadden

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Cadesburg, S.C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 23 19 23

(28) 12.7.24.22
 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.