

(1) PLACE OF BIRTH

County of

Laurens

Township of

Buford

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

90507

Registration District No. *25-00*Registered No.
(For use of Local Registrar)(2) Full Name of Child *Roddie Wagner*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 17, 1916

FATHER.

MOTHER.

(8) FULL NAME

Roddy Wagner

(14) NAME BEFORE MARRIAGE

Estell Veal

(9) PRESENT POSTOFFICE OF FATHER

Laurens S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Laurens S.C.

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

21

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY

19

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Dr. L. L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Laurens S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/14/16

(28)

J. D. Brinson

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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