

(1) PLACE OF BIRTH

County of LancasterTownship of Falls Creek

Inc. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

7523

Registration District No. 2804Registered No. 31

(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 Wade Hough

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rayce Timberbuck(9) PRESENT POSTOFFICE OF FATHER 3502 Lancaster St(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE So Car(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Blockman(15) PRESENT POSTOFFICE OF MOTHER Lancaster SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE So Car(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) W. R. Hough(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed March 31 1923(27) Local Registrar W. R. Hough

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 month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.