

(1) PLACE OF BIRTH

County of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11733

11733

Township of

Inc. Town of

City of Columbia

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

Registration District No. 35 .. 11 .. Registering No. 256 ..
(For use of Local Registrar)(No. 196 Marion .. St. Ward) ...(7) Full Name of Child Wade Craig Ross .. } If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? B. (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH May 23 1923
(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME Wade Haskell Ross(8) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Businessman(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Julia Jennette Craig(16) PRESENT POSTOFFICE OF MOTHER Columbia(18) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)(19) BIRTHPLACE Union Co. N.C.(20) OCCUPATION Id. W.(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 Albino .. at 7:30 a.m. ..
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 2412 Preston St

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)(27) Dated May 16 1923 (28) A. J. Sloan Local Registrar

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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