

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of RAFTING CREEKor  
Inc. Town of .....

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

16916

Registration District No. 4.1.6 Registered No. H.H.  
(For use of Local Registrar)

## (2) Full Name of Child

Martha Wade

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 9</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Merion Wade(9) PRESENT POSTOFFICE OF FATHER Rembert S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Meta Long(15) PRESENT POSTOFFICE OF MOTHER Rembert S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marjorie Jackson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rembert S.C.

Given name added from supplemental report

M. B. Woodward, M.D.affid. 11.28.14 19 22

Registrar

(26) Witness W. P. Hailor

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

(27) Filed May 12 1922 (28) W. P. Hailor 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use separate BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MEDICAL COLUMBIA, COLUMBIA, S. C.