

City of Charleston, S.C.

County of

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Registration Number No.

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City of Charleston, S.C. on Meroy Maternity, S.C. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child, Fannie Wadley. (If child is not yet named, write name here.)

Sex of Child, Girl. Age of Child, 3 years. Date of Birth, Jan 3rd, 1928. Place of Birth, Charleston, S.C.

FATHER. Name, Edward L. Wadley. Residence, 36 New St. Color, White. Age, 42. Birthplace, Augusta, Ga. Occupation, Butcher. Number of children born to father, including present one, 7.

MOTHER. Name, Florine Stewart. Residence, 36 New St. Color, White. Age, 35. Birthplace, Augusta, Ga. Occupation, House Wife. Number of children of the mother now living, including present one, 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(123) Signature, (124) Date, (125) Address of Physician or Midwife.

Give name added from a supplementary report.

(126) Witness, (127) Date, (128) Signature of Witness.

If there was an attending physician or midwife, then the father, householder, etc., must sign the report as witnessed even when it is reported as stillborn. No report is desired or admission of stillbirth.

Report to be made to the Registrar of Births and Deaths, Charleston, S.C.