

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

Township of Spartanburgor
Inc. Town ofRegistration District No. 4008Registered No. 325
(For use of Local Registrar)

City of (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.....

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9 14 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Columbus Waddell</u>			(9) NAME BEFORE MARRIAGE <u>Maggie Davis</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C. R.F. 1</u>			(11) PRESENT POSTOFFICE OF MOTHER	
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>65</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(14) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>N.C.</u>	
(15) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>D</u>	
(20) Number of children born to mother, including present birth { 6			(21) Number of children of this mother now living, including present birth { 4	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 6. a at 5.0 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. L. L. L.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplement-
 al report

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

(27) Filed Sept 18 1922 (28) Mrs. C. H. Parker
 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.