

Form No. 6
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 first-born, No. 1 THE OTHER, No. 2, etc., in question 1.
 State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Sumter, S. C.
 Township of
 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
 No. 44828
 Registration District No. 41-A Registered No. 5
 (For use of Local Registrar)
 (No. Townes Hospital)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Wadford

(2) <input checked="" type="checkbox"/> BOY OR <input type="checkbox"/> GIRL	(4) <input checked="" type="checkbox"/> Twin or <input type="checkbox"/> Triplet <small>To be covered only in case of Twin or Triplet</small>	(3) Number in order of birth <u>6</u>	(5) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 29 25</u> <small>(Name of Month) (Day) (Year)</small>
--	--	--	--	--

FATHER.

(8) FULL NAME Troy C. Wadford
 (9) PRESENT POSTOFFICE OF FATHER Summerton, S. C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Augusta L. Mathews
 (15) PRESENT POSTOFFICE OF MOTHER Summerton, S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE Summerton, S. C.
 (19) OCCUPATION House-wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, who was Alive at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
 (23) (Signature) HA Throck
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerton, S. C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) FEB MAR 8 1924 (28) McBrowning Local Registrar
 Registrar mary

*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.