

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.

## (1) PLACE OF BIRTH

County of Sumter S.C.  
 Township of .....  
 Inc. Town of .....  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Register  
**44828**

Registration District No. **41-A**

Registered No. **5**  
 (For use of Local Registrar)

## (2) Full Name of Child

(a) SEX Male (b) Time of Birth ✓ (c) Number in order of birth 6  
 To be covered only in case of Twins or Triplets

(d) Are Parents Married Yes

(f) DATE OF BIRTH Dec 29, 1924  
 (Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Troy C. Wadford  
 (2) PRESENT POSTOFFICE OF FATHER Summerton S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (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 (Years)  
 (18) BIRTHPLACE Summerton S.C.  
 (19) OCCUPATION House-wife  
 (21) Number of children of this mother now living, including present birth 5

(20) Number of children born to mother, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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 "mark")

(27) FEB **MAR 8 1924**

(28) 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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