

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 5.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		No. 4a.—For State Registrar	
County of <u>Georgetown</u>				STATE OF SOUTH CAROLINA		40394	
Township of <u>Santee</u>				Bureau of Vital Statistics			
Inc. Town of.....				State Board of Health			
City of.....				Registration District No. <u>2100</u>		Registered No. <u>38</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Mary Laddon</u>				If child is not yet named, make supplemental report as directed			
(3) SEX OR CHILD <u>girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Sex of Mother <u>Female</u>	(7) DATE OF BIRTH <u>Dec 21, 1925</u>			(8) (Name of Month) (Day) (Year)
FATHER.				MOTHER.			
(9) FULL NAME <u>Not given</u>				(14) NAME BEFORE MARRIAGE <u>Laddon</u>			
(10) PRESENT RESIDENCE OF FATHER <u>Not given</u>				(15) PRESENT RESIDENCE OF MOTHER <u>Georgetown</u>			
(16) COLOR OR RACE <u>Colored</u>				(17) AGE AT LAST BIRTHDAY <u>19</u>			
(18) BIRTHPLACE <u>Not given</u>				(19) BIRTHPLACE <u>Georgetown, S.C.</u>			
(20) OCCUPATION <u>Not given</u>				(21) OCCUPATION <u>House. work</u>			
(22) Number of children born to mother, including present birth <u>1</u>				(23) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.							
(24) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)							
(25) (Signature) <u>Sam Washington</u>							
(26) State whether Physician or Midwife <u>Midwife</u>							
(27) Address of Physician or Midwife <u>Georgetown</u>							
Given name added from a supplemental report				(28) Witness (Signature of Witness necessary only when question 25 is signed by mark)			
19 .....				(29) Filed <u>Jan 1, 1926</u>			
Registrar				(30) <u>SO</u>			

\*When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.