

## (1) PLACE OF BIRTH

County of BerkleyTownship of 1st. Stephensor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 705

File No.—For State Registrar Only

3269Registered No. 12.....  
(For use of Local Registrar)

(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 Keriala Wade If child is not yet named, make supplemental report as directed7 BOY OR GIRL G 8 Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 9, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(3) FULL NAME Lazarus White  
(4) PRESENT POSTOFFICE OF FATHER Pineville  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39.....  
(12) BIRTHPLACE Pineville  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucretia Cooper  
(15) PRESENT POSTOFFICE OF MOTHER Pineville  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35.....  
(18) BIRTHPLACE Pineville  
(19) OCCUPATION Farming  
(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .... born. child. P......M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leah Reagin  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pineville

Given name added from a supplemental report

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

(27) Filed Feb. 13, 1922 (28) W. J. P. S. 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.

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MARGIN RESERVED FOR BUREAU OF VITAL STATISTICS. A SUPPLEMENT REPORT MAY BE MADE FOR EACH CHILD, AND SEARCHED IN THE BUREAU OF VITAL STATISTICS. INSTRUCTIONS FOR THE BUREAU OF VITAL STATISTICS, No. 2, etc. In question 8, "If child is not yet named, make supplemental report as directed."