

(1) PLACE OF BIRTH

County of Marion
 Township of Reasess
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43657

Registration District No. 3408Registered No. 174
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Omeyau Wade

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

(3) BOY OR GIRL
Girl(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married
No

(7) DATE OF BIRTH

Dec 21 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE
Viola Wade(15) PRESENT POSTOFFICE OF MOTHER
Mullins(16) COLOR OR RACE
W(17) AGE AT LAST BIRTHDAY
(Years) 33(18) BIRTHPLACE
Marion Co.(19) OCCUPATION
Farm hand.(20) Number of children born to mother, including present birth
5(21) Number of children of this mother now living, including present birth
5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lennie Crawford(24) State whether Physician or Midwife
midwife(25) Address of Physician or Midwife
Mullins

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mark")
J. W. Neffler

(27) Filed

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.