

(1) PLACE OF BIRTH

County of WadeTownship of St. 8or
Inc. Town ofor
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

File No.—For State Registrar Only

20447

Registration District No. 34 16Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child

Samuel

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 26 1925</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>George Scott</u>	(11) AGE AT LAST BIRTHDAY <u>3</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Wade</u>	
(10) COLOR OR RACE <u>W</u>	
(12) BIRTHPLACE <u>Wade</u>	
(13) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>4</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Wade</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Wade</u>	
(16) COLOR OR RACE <u>W</u>	
(18) BIRTHPLACE <u>Wade</u>	
(19) OCCUPATION <u>Farm help</u>	
(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wade

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Wade
(27) Filed Oct 1 1925 (28) Wade 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.