

MARGIN RESERVED FOR BINDING.

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.

MOCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Saws*
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

75130

Registration District No. *4305* Registered No. *76*
(For use of Local Registrar)

(2) Full Name of Child *Wade Logan Staggere* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? *boy* (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth *2* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 17th 1916*
(Name of Month (Day) (Year)

FATHER.

(8) FULL NAME *Calvin Staggere*
(9) PRESENT POSTOFFICE OF FATHER *Salters Depot, S. C.*
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *22* (Years)
(12) BIRTHPLACE *Williamsburg Co., S. C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE *Eliza Chandler*
(15) PRESENT POSTOFFICE OF MOTHER *Salters Depot, S. C.*
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *20* (Years)
(18) BIRTHPLACE *Sumter Co., S. C.*
(19) OCCUPATION *Farmer laborer*
(21) Number of children of this mother now living, including present birth { *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4.9* A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Calvin Staggere*
(24) State whether *Father* Physician or Midwife (25) Address of Physician or Midwife *Salters Depot, S. C.*

Given name added from a supplemental report
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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Aug. 25th 1916* (28) *Albert R. Moseley* 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.