

(1) PLACE OF BIRTH

County of Orange
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only

480?

Registration District No. 3614 Registered No. 16
 (For use of Local Registrar)

City of (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 Ernest Wade If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 18, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Wade
 (9) PRESENT POSTOFFICE OF FATHER F. Vance, D.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Williams
 (15) PRESENT POSTOFFICE OF MOTHER Vance, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Orangeburg County
 (19) OCCUPATION Housekeeping
 (20) 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 alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Henry Hampton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Parler, D.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 18, 1923 (28) J. H. Hampton 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH 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 3.