

Form No. 1

(1) PLACE OF BIRTH

County of Orange.....
 Township of Weymouth.....
 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

19622

Registration District N24.7.6 Registered No. 65.....
 (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 Glen Wadley

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 18, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gus Wadley
 (9) PRESENT POSTOFFICE OF FATHER Walhalla
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Orange
 (13) OCCUPATION Householder
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Leary
 (15) PRESENT POSTOFFICE OF MOTHER Walhalla
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE Orange
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. J. B. Wadley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

(26) Witness Gus Wadley

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

(27) Filed June 22, 1922 (28) R. A. Wadley 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.

WHITE 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.