

Form No. 1

## (1) PLACE OF BIRTH

County of Lee CoTownship of Lawrenceor  
Inc. Town of Camdenor  
City of Camden

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

(2) Full Name of Child Ether Raddgett

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

(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Marsh Raddgett(9) PRESENT POSTOFFICE OF FATHER Camden S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Plumbing(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Oney Marshall(15) PRESENT POSTOFFICE OF MOTHER Camden S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marshall Raddgett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report

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

(27) Filed Mar 14 1922 (28) J. A. Anttman  
Registrar 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 UNFADING INK—THIS IS A PERMANENT RECORD.  
In each case of twins or triplets use a SEPARATE SLIP FOR EACH CHILD, and mark the first-born, No. 1, the others, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S.C.

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

File No.—For State Registrar Only  
**39195**

Registration District No. 2006 Registered No. 72  
(For use of Local Registrar)