

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.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Lancaster  
 Township of Gillsville  
 or  
 Inc. Town of .....  
 or  
 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** Maggie Lee (If child is not yet named, make supplemental report as directed)

File No.—For State Registrar Only  
**15522**

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number (in order of birth) 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1 1920  
 (Name of Month) (Day) (Year)  
**FATHER.** (8) FULL NAME Samuel Wade (9) PRESENT POSTOFFICE OF FATHER Lancaster (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Lancaster S.C. (13) OCCUPATION Farmer  
**MOTHER.** (14) NAME BEFORE MARRIAGE Marion Wade (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Lancaster S.C. (19) OCCUPATION House wife  
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was A. C. Covel ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
 (23) (Signature) Ola Keweler  
 (24) State South Carolina (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed or marked)  
 (27) Filed May 9 1920 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.