

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter

Township of.....

or
Inc. Town of.....

or
City of.....

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4106

FILE

23 048075

Only

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Leboo M. Wade { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term yes 7. Are Parents Married? yes 8. Date of birth Sept. 12, 1923 (Month, day, year)

9. Full name Marion Wade FATHER 18. Name before marriage Meta D. Long MOTHER

10. Residence (mailing address) Rembert, S.C. (If non-resident, give place and State) 19. Residence (mailing address) Rembert, S.C. (If non-resident, give place and State)

11. Color or race Col. 12. Age at child's birth 23 (years) 20. Color or race..... 21. Age at child's birth 21 (years)

13. Birthplace (city or place) Country, S.C. (State or country) 22. Birthplace (city or place) Country, S.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. farming

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19..... 17. Total time (years) spent in this work..... 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of)

Registrar.

(Signed) Meta D. Wade, Parent or....., Guardian Address Rembert, S.C. L. A. Riser, M.D. Filed Aug 5, 1943 Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

7-13-43
7-23-43
7-23-43