

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lynchburg</u>		STATE OF SOUTH CAROLINA		23077	
Township of <u>Saluda</u>		Bureau of Vital Statistics		Registered No. <u>23</u>	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of .....		Registration District No. <u>311</u>			
or		(No. .... St.; .... Ward)			
City of .....					
(If birth occurs in a hospital or other institution give name of same instead of street and number.)					
(2) Full Name of Child <u>Wanna Elizabeth</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 23, 22</u>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Thaddeus H. Shealy</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie O. Derrick</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Chapin</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chapin</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>D.C.</u>			(18) BIRTHPLACE <u>D.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. W. Wassinger</u>			(24) Address of Physician or Midwife <u>Ballentine</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>Aug 7 1922</u> (28) <u>J. W. Wassinger</u> Local Registrar		
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.