

## (1) PLACE OF BIRTH

County of WindsburyTownship of Living

OF

Inc. Town of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4302

File No.—For State Registrar Only

36727

Registered No. 71  
(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 Wesley M. Fadden If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Child (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 1, 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>James M. Fadden</u>	(14) NAME BEFORE MARRIAGE <u>Julia Jane</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Livingston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Livingston</u>
(10) COLOR OR RACE <u>Wesley</u>	(16) COLOR OR RACE <u>Wesley</u>	(11) AGE AT LAST BIRTHDAY <u>2 2</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Windsbury</u>	(18) BIRTHPLACE <u>Windsbury</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness J. M. Fadden (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 11, 1922 (28) J. S. Jackson 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.