

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25289

Registration District No. 913

Registered No. 37

(For use of Local Registrar)

(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

Van Ladsden

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF

BIRTH Aug 9 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Mannie Ladsden

9) PRESENT POSTOFFICE OF FATHER

Marion Point SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Wael. Isl.

(13) OCCUPATION

Laborer

20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah North

(15) PRESENT POSTOFFICE OF MOTHER

Marion Point SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Edisto Isl.

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Harriet Bradley

(25) Address of Physician or Midwife

Marion Point SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 10 22

19

(28)

H. H. Wilson  
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.

WHITE 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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.