

(1) PLACE OF BIRTH

County of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 31965

Registration District No. 507 Registered No. 123

(For use of Local Registrar)

(2) Full Name of Child Sadie Wan If child is not yet named, make supplemental report as directed

(3) SEX <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 29, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Wan(9) PRESENT POSTOFFICE OF FATHER Cameron S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Cullen(15) PRESENT POSTOFFICE OF MOTHER Cameron S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(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 born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. Richards(24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Cameron S. C.

Given name added from a supplemental report

(26) Witness Mrs. S. Cullen (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 1, 1923 (28) W. S. Kelle Local Registrar

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