

MARVIN McCRAW FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Pickens  
Township of Liberty  
or  
Inc. TOWN of Liberty S.C.  
or  
City of Liberty S.C.  
(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

File No.—For State Registrar Only  
**65942**

Registration District No. 3703 Registered No. 65  
(For use of Local Registrar)  
St.; ..... Ward

2) Full Name of Child William Lawton Boyd Hadden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Wm McElree Hadden</u>				(14) NAME BEFORE MARRIAGE <u>Lidie M. P. Boggs</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C.</u>
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)		(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>Pickens Co S.C.</u>				(18) BIRTHPLACE <u>Pickens Co S.C.</u>
(13) OCCUPATION <u>Railroad employee</u>				(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was white at 12-5 P. M. on the date above stated. (Born alive or stillborn, Sign A. M. or P. M.)

(23) (Signature) William A. Sheldon M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Liberty S.C.

Given name added from a supplemental report  
....., 191.....  
....., 191.....  
....., 191.....  
Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 5 1916 (28) John T. Boggs 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.  
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