

## (1) PLACE OF BIRTH

County of ChesterTownship of Lewisvilleor  
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

41588

Registration District No. 1106Registered No. 131  
(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

Wear Moffatt McFaddenIf 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  
BIRTHDec 13, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEAlbro McFadden(9) PRESENT  
POSTOFFICE  
OF FATHERRichburg SC.(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY20  
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

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

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## MOTHER.

(14) NAME BEFORE  
MARRIAGEFannie Cousan(15) PRESENT  
POSTOFFICE  
OF MOTHERRichburg SC.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY19  
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

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

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bella Westbrook

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Richburg SC.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 2, 23

(28)

J. H. Hollis  
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 6th month of pregnancy.