

Form No. 1

(1) PLACE OF BIRTH

County of Spokane
 Township of Banksville
 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

32180

Registration District No. 40-C Registered No. 154
 (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

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

3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept 19, 22
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME W. W. Wuddick
 9. PRESENT POSTOFFICE OF FATHER Wm. B. R 3.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 38
 (Years)
 12. BIRTHPLACE SB
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Lusie Barnett
 15. PRESENT POSTOFFICE OF MOTHER Wm. B. R 3
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 24
 (Years)
 18. BIRTHPLACE SB
 19. OCCUPATION Housewife
 20. Number of children born to mother, including present birth 1 21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:15 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. E. Thompson MD
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wm. B. R 3.

Given name added from a supplemental report

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

(27) Filed Sept 20, 1922 (28) Chapman 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.