

PLACE OF BIRTH

of Abbeville

City of

Town of

Abbeville

If birth occurs in a hospital or other institution, give name of same instead of street and number.

Name of Child David John Laddshaw

File No.—for State Registrar Only

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(For use of Local Registrar)

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

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CERTIFICATE OF BIRTH

STATE OF CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1 ARegistration No. 68

(For use of Local Registrar)

(No. of Ward)

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

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OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

William Henry Laddshaw(14) NAME BEFORE MARRIAGE Lettie MattersonOFFICE Abbeville S C(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C(11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)PLACE Sparksburg S C(18) BIRTHPLACE Sparksburg S COCCUPATION Car Engineer(19) OCCUPATION HousewifeNumber of children born to including present birth 6(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) J. E. Pressley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Abbeville S C

added from a supplemental report

(26) Witness

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

(27) Signed W. H. Laddshaw Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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Date

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