

(1) PLACE OF BIRTH

County of Lancaster
 Township of Green Level
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 2804

File No.—For State Registrar Only

43104Registered No. 243
(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 Dorothy May Wadley

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 1st 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Garland Wadley
 (9) PRESENT POSTOFFICE OF FATHER Lancaster S.C. R4
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Lancaster S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE May Corder
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C. R4
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Lancaster Co. S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. L. Brown(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1-16

(28)

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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