

## (1) PLACE OF BIRTH

County of Montgomery  
 Township of Leesville  
 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

23892

Registration District No. 4001-BRegistered No. 61  
(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 B. M. Wafford

If 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

BIRTH May 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Lee Wafford

(9) PRESENT POSTOFFICE OF FATHER

Landrum, S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 28  
(Year)

(12) BIRTHPLACE

Greenwell, S.C.

(13) OCCUPATION

Mill Operative

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dora Marie Calvert

(15) PRESENT POSTOFFICE OF MOTHER

Landrum, S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 24  
(Year)

(18) BIRTHPLACE

Polk Co. N.C.

(19) OCCUPATION

Nursework

(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 ..... at 5:15 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour) (or P.M.)(23) (Signature) R. E. Christopher, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Landrum, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-22-22

(1922)

(28)

C. L. Maykey  
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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