

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>A. B. Howell</u> Township of <u>Leahman Falls</u> OR Inc. Town of <u>Leahman Falls</u> OR City of <u>(No.)</u> St.: <u>(Ward)</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>38</b>
(2) Full Name of Child <u>Pearl Ernestine Wade</u>		Registration District No. <u>109</u> Registered No. <u>65</u> (For use of Local Registrar)		If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 22, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Richard Wade</u> (9) PRESENT POSTOFFICE OF FATHER <u>Leahman Falls, S.C.</u> (10) COLOR OR RACE <u> negro</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Year) (12) BIRTHPLACE <u>A. B. Howell Co.</u> (13) OCCUPATION <u>Farmer</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Bella Hall</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Leahman Falls, S.C.</u> (16) COLOR OR RACE <u> negro</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Year) (18) BIRTHPLACE <u>A. B. Howell Co.</u> (19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u> <u>3</u>		(21) Number of children of this mother now living, including present birth <u>1</u> <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9:30</u> AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Pearl Du Bose</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Leahman Falls, S.C.</u> Given name added from a supplemental report (26) Witness <u>(Signature)</u> (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.) (27) Filed <u>Feb. 3, 1922</u> (28) <u>H. C. Vance</u> Local Registrar				

RECEIVED BY CLERK, COLUMBIA, S. C.