

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.

J. Caw, of Columbia.

## (1) PLACE OF BIRTH

County of

Charleston

Township of

St. Andrews

Inc. Town of

or

City of

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

## (2) Full Name of Child. Wesley Wadkins

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sep 30, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Enoch Wadkins

(9) PRESENT POSTOFFICE OF FATHER

Johns Island

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Edisto Island

(13) OCCUPATION

Labourer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie White

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

St Andrews Parish

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

L. B. Linchhouse

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife John's Island

(26) Witness

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

(27) Filed

Oct 3, 1916

(28)

L. B. Linchhouse

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.