

## (1) PLACE OF BIRTH

County of

Township of

or  
Prec. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

No. for State Registrar only

28234

Registered No. (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 *Charles Mitchell Ladd* (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 case of Twin or Triplet

(5) Number in order of birth *Two*(6) Are Parents Married *yes*

(7) DATE OF BIRTH

*Sept 29 23*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

*Charles Mitchell Ladd*

(9) PRESENT POSTOFFICE OF FATHER

*Strother, S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

(Year)

*21*

(12) BIRTHPLACE

*Fairfield Co. S.C.*

(13) OCCUPATION

*Farmer & Merchant*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Mary Wemp*

(15) PRESENT POSTOFFICE OF MOTHER

*Strother, S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

(Year)

*20*

(18) BIRTHPLACE

*Strother, S.C.*

(19) OCCUPATION

*Housewife*

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

*Two*

(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 *alive* on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Wilkinson St.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Oct 10 1923*

(28)

*J. M. Haynes*  
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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