

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 No. 11—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.
 Gov. of Columbia.

(1) PLACE OF BIRTH

County of Union

Township of

or
 Inc. Town of

or
 City of Union

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
 36628

Registration District No. 41-A Registered No. 138

(For use of Local Registrar)

No. 914254 M. Y Ward

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>to be marked only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 1 2</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Herbert Wade</u>			(9) NAME BEFORE MARRIAGE <u>Rose Brown</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) BIRTHPLACE
(17) OCCUPATION <u>Mill work</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>Four</u>			(20) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive 145-A M., on the date above stated. (Born living or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature]

(23) Whether Physician or Midwife (24) Address of Physician or Midwife

Physician | Union S.C.

Given name added from a supplemental report

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

(26) Filed 11-10-22 (27) [Signature] 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.

before the fifth month of pregnancy