

## (1) PLACE OF BIRTH

County of Chester  
 Township of Rossville  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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

41602

Registration District No. 1105 Registered No. 773  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl (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 Dec 25, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Grover Wrawdy  
 (9) PRESENT POSTOFFICE OF FATHER Great Falls  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (12) BIRTHPLACE Richland Co. S.C.  
 (13) OCCUPATION Mill work  
 (20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Great Falls  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (18) BIRTHPLACE Chester Co. S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. McKeon M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Great Falls

Given name added from a supplement-  
 tal report

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

(27) Filed 1/10/23 19 23 (28) R. T. Varnady  
 Registrar 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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