

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlingtonor Town of Lor City of L

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

(2) Full Name of Child Not yet named

File No.—For State Registrar Only

29833

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1.30.1 Registered No. 77
(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.)

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sep 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

Leonidas Poek Waddell

(11) PRESENT POSTOFFICE OF FATHER

Darlington S.C. R7D#5

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Darlington County S.C.

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Eleanor Wilk

(15) PRESENT POSTOFFICE OF MOTHER

Darlington, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Charterfield County S.C.

(19) OCCUPATION

housewife

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

3

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 p.m. on the date above stated. (Born alive or stillborn) (Hour and date.)

(23) (Signature)

A.B. Hoston

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Darlington, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 1, 1922

(28) Local Registrar

E.A. Early

*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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