

(1) PLACE OF BIRTH

County of *Auderson*Township of *Hopewell*

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

Registration District No. *306*File No. For State Registrar Only
*71288*Registered No. *214*

(For use of Local Registrar)

St. *100* Ward

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

(2) Full Name of Child *Leroy Wardlaw*

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth *11*

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 29, 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

Geo Wardlaw

(9) PRESENT POSTOFFICE OF FATHER

Auderson

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY *49* (Years)

(12) BIRTHPLACE

Auderson

(13) OCCUPATION

Farmer

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Lexam Hix

(15) PRESENT POSTOFFICE OF MOTHER

Auderson

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY *43* (Years)

(18) BIRTHPLACE

Auderson

(19) OCCUPATION

Housewife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10* P. M. (Born *alive* or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Mary F. Hix*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Auderson SC #2*

Given name added from a supplemental report

(26) Witness

Mrs. T. M. Vandiver

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

(27) Filed

Sept 9, 1916

(28)

T. M. Vandiver

Local Registrar

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.

MARGIN RESERVED FOR INDEXING
WHICH 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.
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