

(1) PLACE OF BIRTH

County of Horry Co
 Township of Galivants Ferry
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH-CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

15330

Registration District No. 2505Registered No. 51
(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

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

3. BOY OR GIRL? <u>Girl</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>yo</u>	7. DATE OF BIRTH <u>May 24</u> 19 <u>25</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.			MOTHER.	
8. FULL NAME <u>Wanda J. Haddon</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		14. NAME BEFORE MARRIAGE <u>Effie Bankell</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Galivants Ferry SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Galivants Ferry</u>	
10. COLOR OR RACE <u>W</u>			16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>21</u> (Years)
12. BIRTHPLACE <u>Horry Co SC</u>			18. BIRTHPLACE <u>Horry Co SC</u>	
13. OCCUPATION <u>farmer</u>			19. OCCUPATION <u>House wfe</u>	
20. Number of children born to mother, including present birth <u>3</u>			21. Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Bass M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Agnor SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 30 1925

(28)

Leo M. Huggins

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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