

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91860

(1) PLACE OF BIRTH

County of WadeTownship of Wadeor
Inc. Town of Wadeor
City of WadeRegistration District No. Wade Registered No. 19

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Wade Ward Wade(2) Full Name of Child Wade { 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 3 191</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Wade</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wade</u>	(10) COLOR OR RACE <u>Wade</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Wade</u>	(13) OCCUPATION <u>Wade</u>	(20) Number of children born to mother, including present birth <u>1</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Wade</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wade</u>	(16) COLOR OR RACE <u>Wade</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(18) BIRTHPLACE <u>Wade</u>	(19) OCCUPATION <u>Wade</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Wade at Wade M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wade

Given name added from a supplemental report

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

(27) Filed Dec 15 1916 (28) Wade 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.

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.