

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

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

(2) Full Name of Child Waddridge Ward Finley

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

(3) BOY OR GIRL A

(4) Twin or Triplet?

(5) Number or order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 22, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lea Reginald Finley(9) PRESENT POSTOFFICE OF FATHER Anderson Co.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Cotton mill.(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Fannette Hightower(15) PRESENT POSTOFFICE OF MOTHER Anderson Co.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Sevier Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson Co.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) F. B. CRAYTON,(27) Filed 19 (28) ANDERSON, S.C.

19 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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