

STATEMENT RECORD.  
 IN CASES 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 6.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Ashe  
 Township of Wedge Swamp  
 or  
 Inc. Town of .....  
 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

File No.—For State Registrar Only  
**2859**

Registration District No. 703 Registered No. 13  
 (For use of Local Registrar.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Charles If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 3, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Elder</u>	(10) COLOR OR RACE <u>Black</u>		(14) NAME BEFORE MARRIAGE <u>Ms. Charles Elder</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wagener</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Wagener</u>	(11) AGE AT LAST BIRTHDAY <u># 56</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(18) BIRTHPLACE <u>S. C.</u>
(12) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Farm</u>	(21) Number of children of this mother now living, including present birth <u>16</u>	
(20) Number of children born to mother, including present birth <u>16</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Park Smith

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagener

Given name added from a supplemental report: \_\_\_\_\_

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother) \_\_\_\_\_

(27) Filed July 4, 22 (28) J. M. Adair 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.