

Form No. 1

(1) PLACE OF BIRTH

County of Ashe
Township of School
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
26888

Registration District No. 213

Registered No. 39
(For use of Local Registrar)

(2) Full Name of Child

Wade Smith

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

(3) BOY OR GIRL boy

(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH Sept 8 28
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Smith
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga RS
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE A C
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Laura White
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga RS
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE A C
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Julia Harrison

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Augusta Ga RS

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9-27-23 (28) S R Medlock 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.