

## (1) PLACE OF BIRTH

County of AndersonTownship of Marshy Creekor  
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

28753

Registration District No. 3.0.4. Registered No. 87  
(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? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth: .....	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH: <u>Set 13, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Fredrick Dirus Wardlaw(9) PRESENT POSTOFFICE OF FATHER Williamston(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Owen(15) PRESENT POSTOFFICE OF MOTHER Williamston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Hallman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife East #5

Given name added from a supplemental report

(26) Witness [Signature]  
(Signature of witness necessary only when question 23 is signed by mark)(27) Sept 20 1922 (28) J. H. Watson  
Registrar 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 third month of pregnancy.