

(1) Name of Child
County of Richmond
Township of Richmond
or
Inc. Town of Richmond
or
City of Richmond

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

No. 37287

Registration District 206 Registered No. 153
(For use of Local Registrar)

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

(2) Full Name of Child Ethel Agatha Wade If child is not yet named, give supplemental report as directed

(3) Sex Female (4) Number in order of birth 1 (5) Age 10/6 (6) DATE OF BIRTH 10/6 (7) (Name of Month) (Day) (Year)

FATHER.
(8) Full Name Harry Hampton Wade
(9) Present Postoffice of Father Pickens S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Year)
(12) BIRTHPLACE Pickens Co. S.C.
(13) OCCUPATION Customs minding
(14) Number of children born to mother, including present birth 1

MOTHER.
(15) Full Name Essie Hayes
(16) Present Postoffice of Mother Pickens S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Year)
(19) BIRTHPLACE Pickens Co. S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or dead?) (23) (Signature) J. B. Cannon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens S.C.

(26) Witness (Signature) J. B. Cannon (27) (Signature) J. B. Cannon (28) Local Registrar

When there is 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.

When a child is born and immediately breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.