

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case 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 5.

State of Columbia.

(1) PLACE OF BIRTH
County of Richland
Township of Center
or
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
70215

Registration District No. 3801 Registered No. 38
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 5 (6) Are Parents Married? ☒ (7) DATE OF BIRTH June 23 1916
(Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Wides
(9) PRESENT POSTOFFICE OF FATHER Castor
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ester McBeth
(15) PRESENT POSTOFFICE OF MOTHER Castor
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 at H. P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eddie Wides
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Med. W. Castor

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed July 1916 (28) Louis Le Conte 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.

Fifth month of pregnancy.