

## (1) PLACE OF BIRTH

County of Fairfield

Township of .....

In Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42769

Registration District No. 1914 Registered No. 68

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of St.; ..... (Ward)

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

(3) SEX OR Gender	(4) Twin or triplet?	(5) Number in order of birth <small>to be entered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 13</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Garis McCabe Ladd(9) PRESENT POSTOFFICE OF FATHER Dawkins P. O.(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Fairfield Co. S.C.(13) OCCUPATION Merchant & Farmer(14) Number of children born to father including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Sexton(15) PRESENT POSTOFFICE OF MOTHER Dawkins P. O.(16) COLOR OF RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Newberry Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 13 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna L. Ladd, M. wife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dawkins P. O.

Given name added from a supplemental report

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

(27) Filed Dec. 1915 (28) J. A. Pratt 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.

IN REGISTRATION, THIS BIRTHING, WRITTEN PLAINLY, WITH DUE AND ADVICE, THIS IS A PERMANENT RECORD. No. 1.—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.