

(1) PLACE OF BIRTH

County of SaludaTownship of HInc. Town of City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alfreda Padgett(3) BOY OR GIRL girl(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH March 25, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Spencer Padgett(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Saluda Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Mitchell(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Saluda Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Janie Dyer(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Place Mohe B.C. 1922(28) J. B. Brown 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12760

Registration District No. 390-3 Registered No. 87
(For use of Local Registrar)(No. St. Ward)(3) BOY OR GIRL girl(4) Twin or Triplet?

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