

(1) PLACE OF BIRTH

County of HorryTownship of Conway

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

19015

Registration District No. 2502 Registered No. 88
(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 Frank M. Ladden (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
To be answered only in event of Twins or Triplets(6) Are Parents Married? M(7) DATE OF BIRTH June 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Heleen M. Ladden(15) PRESENT POSTOFFICE OF MOTHER Conway S.C.(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Horry Co(19) OCCUPATION Washerwoman(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. Annah Bellamy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 8, 1922 (28) F. J. Ladden
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 fifth month of pregnancy.