

(1) PLACE OF BIRTH

County of ColletonTownship of Warrenor
Inc. Town ofor
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 Earl Van Padgett

File No.—For State Registrar Only

41888

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1410 Registered No. 113
(For use of Local Registrar)

(No. St.; Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 29 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel M. padgett(9) PRESENT POSTOFFICE OF FATHER Smoots S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Smoots S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth six

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Georgia Gettenger(15) PRESENT POSTOFFICE OF MOTHER Smoots S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Colleton Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. V. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician + Smoots 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 Jan 3 1923(28) Mattie Hixey
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.