

Form No. 1.

## (1) PLACE OF BIRTH

County of FairfieldTownship of 2009

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52077

Registration District No. 1901 Registered No. 38

(For use of Local Registrar)

St.;

(2) Full Name of Child Son Waver } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age <u>27</u> <small>Parents married?</small>	(7) DATE OF BIRTH <u>Mar 27</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Charlie Waver(9) PRESENT POSTOFFICE OF FATHER Wardward S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Son Wylie(15) PRESENT POSTOFFICE OF MOTHER Wardward S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(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 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Blaine(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Wardward S.C.

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 Apr 5 1916 (28) W. A. Blaine 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.

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.

McCaw, of Columbia.