

File No.—For State Registrar Only  
23241

Inc. Town of .....  
or  
City of Newberry .....  
(If birth occurs in a hospital or

Registration District No. 34-A Registered No. 98  
(For use of Local Registrar)  
(No. .... St.; ..... Ward)  
(other institution, give name of same instead of street and number.)

(2) Full Name of Child Wade, Nancy .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boys	Twin or triplet?	1	Yes	JANUARY 2 1932
(Name of Month) (Day) (Year)				

FATHER.

(8) FULL NAME Joseph Vance

(9) PRESENT POSTOFFICE OF FATHER Newberry St

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Newberry Cal.

(13) OCCUPATION Manager

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Emma Bates*

(15) PRESENT POSTOFFICE OF MOTHER *Newbern, S.C.*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *Newbern, S.C.*

(19) OCCUPATION *Housework*

(21) Number of children of this mother now living, including present birth *14*.....

(22) I hereby certify that I attended the birth of this child, who was born at 11 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) *[Signature]*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement  
report

..... 191.....

..... Registrar

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

(27) Filed July 25 1962 (28) J. J. Cunningham  
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.

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