

Form No. 3

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Wesley  
 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

29773

Registration District No. 14.09 Registered No. 7  
 (For use of Local Registrar).

## (2) Full Name of Child

Lacey Wade

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

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

6) Are Parents Married?

yes

7) DATE OF BIRTH

June 30, 1922

## FATHER.

8) FULL NAME

Jack Wade

9) PRESENT POSTOFFICE OF FATHER

Wesley SC

10) COLOR OR RACE

Col

11) AGE AT LAST BIRTHDAY

29  
(Year)

12) BIRTHPLACE

SC

13) OCCUPATION

Farming

14) Number of children born to mother, including present birth

2

## MOTHER.

14) NAME BEFORE MARRIAGE

Alice Glover

15) PRESENT POSTOFFICE OF MOTHER

Wesley SC

16) COLOR OR RACE

Col

17) AGE AT LAST BIRTHDAY

22  
(Year)

18) BIRTHPLACE

SC

19) OCCUPATION

Housewife

20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

M. Attie Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wesley SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 2, 1922Mrs. B. B. B. B. B.

Local Registrar

19 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.