

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Ballentine

OR

Inc. Town of Ballentine

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

81619

Registration District No. 7608Registered No. 87
(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 Ossey Wayner

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 12, 1923

(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Isiah Wayner(9) PRESENT POSTOFFICE OF FATHER Ellenwood(10) COLOR OR RACE Neg(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Ellenwood(13) OCCUPATION Farmer(14) Number of children born to mother, (including present birth) 2

MOTHER

(14) NAME BEFORE MARRIAGE Brigette Sanders(15) PRESENT POSTOFFICE OF MOTHER Ellenwood(16) COLOR OR RACE Neg(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE Ellenwood(19) OCCUPATION Farmer(20) Number of children of this mother now living, (including present birth) 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was, born alive or stillborn on the date above stated.

(Hour) (M.) (P.M.)

(22) (Signature) Ellenwood(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Ellenwood

(Given name added from a supplemental report)

(25) Witness Amone White

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

(26) Filed Sept 14, 1923(27) Local Registrar Heard

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.