

PLACE OF BIRTH

Township of CharlestonCounty of Charlestonor
Town ofor
City of Charleston

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

FULL NAME OF CHILD Frederick Riggs Wheeler

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9aRegistered No. 476

(For use of Local Registrar)

(No. 42 Amherst St. Ward)FULL NAME OF CHILD Frederick Riggs Wheeler

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

Sex of Child

Boy

If Plural

births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate? yes

8. Date of

birth March 7

(Month, day, year)

1922

Full

name

FATHER

Full name George Wheeler

Residence (usual place of abode)

(If nonresident, give place and State) 42 AmherstColor or race Cauc12. Age at last birthday 27

(Years)

Birthplace (city or place)

(State or country) Charleston

Trade, profession, or particular

kind of work done, as spinner,

sawyer, bookkeeper, etc. Carpenter

Industry or business in which

work was done, as silk mill,

sawmill, bank, etc.

Date (month and year) last

engaged in this work March 12, 1922

17. Total time (years)

spent in this work 10

Number of children of this mother

At time of this birth and including this child) 2(a) Born alive and now living 2

(b) Born alive but now dead

(c) Stillborn

stillborn,

period of gestation

{ months

{ weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 m. on the date above stated

(Born alive or stillborn)

When there was no attending physician

midwife, then the father, householder,

should make this return.

Name added from

supplemental report.

(Date of)

Registrar.

(Signed)

or

Address

Filed

1922

M. D.

Midwife

Registrar.

Filed

5/28

1922

Corrected

NOV 20 1940

Registrar.

STANDARD CERTIFICATE

hardly a relation of life, social, legal, not prove to be of the greatest value, tion to register birth certificates but go ed below:

- cy of heirs:
f a contract
citizenship
sion to the
nd orphans
arents for
- (8) As evidence in the ment of insurance and pe
 - (9) As evidence to under legal age for cr other matters in the crim
 - (10) As evidence in education and to child la
 - (11) As evidence to and wards;
 - (12) As proof of citiz
 - (13) As evidence in th right to jury and military

s section for each parent. For a w tion 23 and own home in answer to occupation by the appropriate terms, as r write none.

kind of work done. the work is done. t worked at the occupation. lowed the occupation.

finite terms as "employee," "worker, weaver, etc.

such general terms as "store," "fact ap factory, cotton mill, etc.

stating the full descriptive titles, as "laborer" when a more precise stat ion, as carpenter, painter, machinist, ells goods should be called a solum

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

6861

476

Registrations District No. 9 A

Registered No. (For use of Local Registrar)

(No. 42 Anheuser

St.; Ward)

of Child Frederick Riggs Wheeler

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

Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 9 1922 (Name of Month) (Day) (Year)

FATHER. R. Wheeler

MOTHER. Elizabeth Plent

Anheuser

PRESENT POSTOFFICE OF MOTHER 42 Anheuser

(11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)

Charleston

(18) BIRTHPLACE Sullivan's Island

carpenter

(19) OCCUPATION at home

born to present birth 1

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* certify that I attended the birth of this child, who was born alive at 8:30 P. M., the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Thompson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 55 Rodcliff

ed from a supplement al report

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

(27) Filed 3/25 1922 W. J. Mercer, Green M. D. Local Registrar

as no attending physician or midwife, then the father, householder, etc., should make this return. breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(Date of) Address Charleston, S.C.

Registrar Filed 3/28 1922 Corrected

NOV 20 1922