

FORM NO. 6 MARGIN RESERVED FOR WRITE PLAINLY, WITH UNFADING INK—THIS IS A RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Sikes  
 Township of Sikes  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**75408**

Registration District No. 2.0.0. Registered No. 29  
 (For use of Local Registrar)

(2) Full Name of Child John Hammond Wells { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) ~~Single~~ Twin or Triplet? (5) Number in order of birth (6) Are <sup>no</sup> Parents Married?  (7) DATE OF BIRTH Aug. 14, 1916  
 (Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

**FATHER.**  
 (8) FULL NAME Unknown  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth { .....

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Kitty Wells  
 (15) PRESENT POSTOFFICE OF MOTHER County Home (Sikes, S.C.)  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Sikes County  
 (19) OCCUPATION (Pauper)  
 (21) Number of children of this mother now living, including present birth { 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive.... at 3 P. M..... M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) P. Mead Hammond M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Northmorenci, 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 Aug. 21, 1916. (28) Franklin Cook 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.