

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE 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 Siken
Township of Siken

OR
Inc. Town of

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) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Aug. 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. H. H.
(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (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 (Siken, S.C.)

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

(18) BIRTHPLACE Siken 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

(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.