

(1) PLACE OF BIRTH

County of WayneTownship of Wayneville

OF

Inc. Town of

OF

(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

Registration District No. 4201

File No.—for State Registrar Only

30432

Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Robert Wayne Diet

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 21, 1926</u> (Name of month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Robert Diet</u>			(14) NAME BEFORE MARRIAGE <u>Claudia Weylin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wayneville 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wayneville 2</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Wayneville</u>			(18) BIRTHPLACE <u>Wayneville</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. B. Lee
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Wayneville, S.C.

(Given name added from a supplemental report)

F. W. Lee
Mar 19, 1926
 Registrar

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

(27) Filed Sept 21, 1926 (28) L. B. Lee 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.

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