

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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. — 41331 —

41331

1995

Registration District No. 9A Registered No. 1995

(For use of Local Registrar)

Full Name of Child Ronald Jackson Cheekley

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

(2) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH 2/2/95(Name of Month) Feb

FATHER.

(8) FULL NAME Wesley Andrew Jackson Cheekley(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE Aiken, S.C.(13) OCCUPATION Boiler maker(14) Number of children born to mother, including present birth 1st(15) NAME BEFORE MARRIAGE Rosalie Ruth Page(16) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 32

(Years)

(19) BIRTHPLACE Beech Island, S.C.(20) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife and Address of Physician or Midwife

Physician Charleston, S.C.

Given name added from a supplemental report