

## (1) PLACE OF BIRTH

County of CalhounTownship of Waynes

Inc. Town 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. 502No. 34973Registered No. 115  
(For use of Local Registrar)(2) Full Name of Child Eugene Pierce

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 19, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Sam Pierce(9) PRESENT RESIDENCE OF FATHER Cameron SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Wiegley(15) PRESENT RESIDENCE OF MOTHER Cameron SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sylvia Wiegley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron SC

Given name added from a supplemental report

(26) Witness Mrs. Keller  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 19, 1923 (28) W. Z. Keller  
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.