

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

(1) PLACE OF BIRTH

County of *Orangeburg*  
Township of *Middle*  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

36035

Registration District No. *3670*

Registered No. *84*  
(For use of Local Registrar)

(No. St. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Charvey Bell Wayner*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Married* (7) DATE OF BIRTH *October 26, 22*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Attacia wayner*

(14) NAME BEFORE MARRIAGE *Carrie McKeown*

(9) PRESENT POSTOFFICE OF FATHER *Orangeburg*

(15) PRESENT POSTOFFICE OF MOTHER *Orangeburg*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *29*  
(Years)

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *21*  
(Years)

(12) BIRTHPLACE *Orangeburg Co. S. C.*

(18) BIRTHPLACE *Folly Hill*

(13) OCCUPATION *Farming*

(19) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *One only*

(21) Number of children of this mother now living, including present birth *One only*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4* *A.M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) *Mollie Dush*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Orangeburg*

Given name added from a supplemental report

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

(27) Filed *1-6-22* (28) *W. D. ...*  
Registrar 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.

N. B. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark on FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5. MEDICAL COLLEGE OF COLUMBIA, COLUMBIA, S. C.