

|| (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)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charley 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? Yes

(7) DATE OF

BIRTH October 26, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME Attacia Wayner

(9) PRESENT  
POSTOFFICE  
OF FATHER Orangeburg

(10) COLOR  
OR  
RACE Colored

(11) AGE AT LAST  
BIRTHDAY 29  
(Years)

(12) BIRTHPLACE  
Orangeburg Co. S. C.

(13) OCCUPATION  
Farming

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

MOTHER.

(14) NAME BEFORE  
MARRIAGE Carrie McKewen

(15) PRESENT  
POSTOFFICE  
OF MOTHER Orangeburg

(16) COLOR  
OR  
RACE Colored

(17) AGE AT LAST  
BIRTHDAY 21  
(Years)

(18) BIRTHPLACE  
Folly Hill

(19) OCCUPATION  
Farming

(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 Dask

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

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

(27) Filed 1-6 19 22 (28) W. D. Dask  
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.