

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Orangeburg  
Township of City  
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  
**19640**

Registration District No. 36A Registered No. 91  
(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 Elizabeth Catherine Wunnawakes 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 May 1 19 64  
(Name of Month) (Day) (Year)

**FATHER.**  
8) FULL NAME Mr John Wunnawakes  
9) PRESENT POSTOFFICE OF FATHER Orbg SC  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 31 (Years)  
12) BIRTHPLACE Columbia, SC  
13) OCCUPATION Druggist  
20) Number of children born to mother, including present birth 1

**MOTHER.**  
14) NAME BEFORE MARRIAGE Elizabeth Catherine Thompson  
15) PRESENT POSTOFFICE OF MOTHER Orbg SC  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30 (Years)  
18) BIRTHPLACE Orbg, SC  
19) OCCUPATION House wife  
21) Number of children of this mother now living, including present birth 1

**\*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A.M. on the date above stated. (For alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. C. Shecut

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Orbg SC

Given name added from a supplemental report

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

(27) Filed July 5 19 64 (28) L. C. Shecut 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.