

(1) PLACE OF BIRTH

County of Anderson

Township of

or Town of

City of Anderson

(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

No. 38419Registration District No. 3A Registered No. 45-6

(For use of Local Registrar)

(2) Full Name of Child Grady Kenneth Wheeler

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

(3) BOY Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 29 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Otis Wheeler(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.I.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Forsyth Co. Ga.(13) OCCUPATION Mill op.(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Smith(15) PRESENT POSTOFFICE OF MOTHER Anderson St.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Lancaster Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. B. Crayton

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed) T. B. CRAYTON(27) Filed 191 (28) ANDERSON S.C.

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.

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