

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30810

County of GreenwoodTownship of Walnut GroveInc. Town of Ware ShoalsCity of Ware ShoalsRegistration District No. 2314 Registered No. 99

(For use of Local Registrar)

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

(2) Full Name of Child Harold Wilburn Fletcher (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 21 1922 (Name of Month) (Day) (Year)(8) FATHER (9) FULL NAME Oscar Fletcher (10) PRESENT POSTOFFICE OF FATHER Ware Shoals SC (11) COLOR OR RACE white (12) AGE AT LAST BIRTHDAY 37 (Years)(13) BIRTHPLACE NC (14) NAME BEFORE MARRIAGE Lora Whitman (15) PRESENT POSTOFFICE OF MOTHER Ware Shoals SC (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Anderson SC (19) OCCUPATION Cotton Mill (20) OCCUPATION housewife(21) Number of children born to mother, including present birth 6 (22) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Normal live or stillborn) (Hour A.M. or P.M.)(24) Signature of Physician or Midwife W. B. Whitman (25) Address of Physician or Midwife Ware Shoals(26) Given name added from supplemental report At (27) Signature of Witness At (28) Signature of Local Registrar At

(29) 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.