

Form No. 3

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Clinton  
 of  
 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

5360

Registration District No. 4-107Registered No. 22  
(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 Franklin Wheeler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 9 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

(8) FULL NAME Frank Wheeler (9) NAME BEFORE MARRIAGE Eliza Wheeler

(10) PRESENT POSTOFFICE OF FATHER Clinton, S.C. (11) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 48 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 32

(16) BIRTHPLACE Williamsburg Co (17) BIRTHPLACE Spartanburg Co

(18) OCCUPATION Farming (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Matha Wilson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, S.C.

(Given name added from a supplemental report)

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

(27) Filed 2-16 1923 (28) B. M. Green 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.

MARJAN REMERSED FROM MINERAL WATER PLANT. WITH UNPAID IN-PAID IN A PERMANENT REMEDY. N. B.—In case of twins or triplets use SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2. Bureau of Columbia, Columbia, S. C.