

(1) PLACE OF BIRTH

County of OrangeburgTownship of Solly Hillor
Inc. Town of Solly Hillor
City of Solly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609

File No. — For State Registrar Only

19896

Registered No. 79
(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 Highlynn North Wells

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

June 2 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME S. P. Bucival Wells(9) PRESENT POSTOFFICE OF FATHER Solly Hill S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Physician(14) Number of children borne to mother, including present birth 5

MOTHER

(15) NAME BEFORE MARRIAGE Lucile Gilmore(16) PRESENT POSTOFFICE OF MOTHER Solly Hill S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 34
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) 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 born alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Belle S. Summers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Solly Hill S.C.

Given name added from a supplemental report

(26) Witness M. H. Summers

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 9 1922(28) A. M. Summers

Local Registrar