WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

Bureau of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenwood

Township of Hunter

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only
21001

Registration District No. 2.9.1.6 Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child Wesley A. Poston

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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 9 (Month) 14 (Day) 1923 (Year)

FATHER	MOTHER
(8) FULL NAME: Benjamin Poston	(14) NAME BEFORE MARRIAGE: Ida Parson
(9) PRESENT POSTOFFICE OF FATHER: Kinghamsgate	(15) PRESENT POSTOFFICE OF MOTHER: Kinghamsgate
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 19 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 17 (Years)
(12) BIRTHPLACE: S C	(18) BIRTHPLACE: S C
(13) OCCUPATION: Farmer	(19) OCCUPATION: housewife
(20) Number of children born to mother, including present birth: 1	(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 born alive at 10 a.m. (Living or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. G. Leath

(24) State whether Physician or Midwife.

(25) Address of Physician or Midwife Johnsonville S C

Given name added from a supplemental report: Janie Fairey Oct 8 1923 Registrar

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

(27) Filed July 30 1923 (28) W. H. Poston Local Registrar.

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report desired of stillbirths before the fifth month of pregnancy.