

Form No. 1.

(1) PLACE OF BIRTH

County of York
Township of Hamlet
or
Inc. Town of
or
City of
(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
75276

(2) Full Name of Child

Wells, Mary Louie } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 4 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wells Louie</u>			(14) NAME BEFORE MARRIAGE <u>Mary Adair</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Clem S. C. R. H.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clem S. C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>York</u>			(18) BIRTHPLACE <u>York Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clem S. C. R. H.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness [Signature]
(Signature of witness necessary only when question 23 is signed by parent)
(27) Filed Aug 14 1906 (28) [Signature] 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.