

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 questions 4

| (1) PLACE OF BIRTH  |  | CERTIFICATE OF BIRTH  |   | File No.—For State Registrar Only            |  |
|---|--|---|---|--|--|
| County of <u>Chatham</u>  |  | STATE OF SOUTH CAROLINA   |   | 12541  |  |
| Township of <u>Diamond</u>  |  | Bureau of Vital Statistics                                      |   |  |  |
| Inc. Town of .....  |  | State Board of Health   |   |  |  |
| City of .....   |  | Registration District No. <u>104</u>                            |   | Registered No. <u>20</u>                     |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |  | (No. .... St.; .... Ward)                                       |   | (For use of Local Registrar)                 |  |
| (2) Full Name of Child <u>Wesley Brewster</u>   |  | If child is not yet named, make supplemental report as directed |   |  |  |
| (3) BOY OR GIRL <u>Boy</u>  | (4) Twin or Triplet <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth                                    | (6) Are Parents Married <u>Yes</u>  | (7) DATE OF BIRTH <u>May 14</u> 19 <u>23</u> |  |
| FATHER.   |  |   | MOTHER.   |  |  |
| (8) FULL NAME <u>Joseph Brewster</u>  |  |   | (14) NAME BEFORE MARRIAGE <u>Eura None</u>  |  |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Wilmington</u>  |  |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Wilmington</u>                                 |  |  |
| (10) COLOR OR RACE <u>Cole</u>  |  |   | (16) COLOR OR RACE <u>Cole</u>  |  |  |
| (11) AGE AT LAST BIRTHDAY <u>24</u>   |  |   | (17) AGE AT LAST BIRTHDAY <u>22</u>   |  |  |
| (12) BIRTHPLACE <u>Wilmington</u>   |  |   | (18) BIRTHPLACE <u>Wilmington</u>   |  |  |
| (13) OCCUPATION <u>Trainer</u>  |  |   | (19) OCCUPATION <u>Teacher</u>  |  |  |
| (20) Number of children born to mother, including present birth <u>2</u>  |  |   | (21) Number of children of this mother now living, including present birth <u>2</u> |  |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |  |   |   |  |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11:45</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  |  |   |   |  |  |
| (23) (Signature) <u>James B. Baker</u>  |  |   |   |  |  |
| (24) State whether Physician or Midwife <u>Midwife</u>  |  |   |   |  |  |
| (25) Address of Physician or Midwife <u>Wilmington</u>  |  |   |   |  |  |
| (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Wilmington</u>   |  |   |   |  |  |
| (27) Filed <u>May 19</u> 19 <u>23</u> (28) Local Registrar <u>Wilmington</u>  |  |   |   |  |  |
| *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. |  |   |   |  |  |

McCam 99 Columbia, Columbia, S. C.