

5/12/23

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 11- For this Report
2022 91/2

(1) PLACE OF BIRTH
County of York

Township of Spring Mt.

or
Inc. Town of

City of

Registration District No. 1000 P. Registered No. 11
(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 William Bay Welman If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at Birth yr (7) DATE OF BIRTH May 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. B. Welman

(9) PRESENT RESIDENCE OF FATHER Kings Creek, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Year)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Phoebe

(15) PRESENT RESIDENCE OF MOTHER Kings Creek, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Year)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 10 A. M.
(Hour A. M. or P. M.)
on the date above stated.

(22) (Signature) W. B. Welman

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife W. B. Welman

State of South Carolina

Given and added from a supplemental report

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

(26) Filed May 9 19 23 (27) J. H. Thayer Local Registrar.

C. H. Miller Registrar

When there was no attending physician or midwife