

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia

(1) PLACE OF BIRTH

County of LeeTownship of St. Charles

Inc. or Town of

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

46758

Registration District No. 3007Registered No. 102

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child Wilton Wells

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 Parent(s) Married? Yes(7) DATE OF BIRTH June 30th

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilton Wells(9) PRESENT POSTOFFICE OF FATHER St. Charles, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Sumter Co. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 8(14) NAME BEFORE MARRIAGE Mary Ann(15) PRESENT POSTOFFICE OF MOTHER St. Charles, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Sumter Co. S.C.(19) OCCUPATION House field work(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. J. Rogers(23) State whether Physician or Midwife. (24) Address of Physician or Midwife Mayesville, S.C.

Given name added from a supplemental report

Registrar

(25) Witness

(Signature of Witness necessary only when question 23 is signed by marks)

(26) Filed July 2 1916

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., shall 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.

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