

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19785

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Wesley

or

City of

Registration District No. 37-4 Registered No. 97

(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13, 22</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME George Hamilton(9) PRESENT POSTOFFICE OF FATHER Wesley, S.C.(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION labor oil mill(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Gallie Pegg(15) PRESENT POSTOFFICE OF MOTHER Wesley(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy ...(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wesley, S.C.

Given name added from a supplemental report

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

(27) Filed June 18, 22 (28) W. H. Wyatt 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.

MARGIN RESERVED FOR BINDING.

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