

(1) PLACE OF BIRTH

County of Newberry

Township of newberry

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.)

(2) Full Name of Child Julius Wells

File No.—For State Registrar Only

19555

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34.07

Registered No. 34

(For use of Local Registrar)

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 9

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Wells

(9) PRESENT POSTOFFICE OF FATHER

Silver Street

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

Newberry S.C.

(13) OCCUPATION

Home Guard

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Silver Street

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Newberry S.C.

(19) OCCUPATION

Home Wiper

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

9

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nannie M. Mott

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Silver Street

Given name added from a supplemental report

(26) Witness

W. H. Sanders
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 19, 1922

(28)

S. H. Sanders
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.

RECEIVED BY THE REGISTRAR OF BIRTHS, DEPARTMENT OF HEALTH, COLUMBIA, S. C.
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 question 5.