

Form No. 3

(1) PLACE OF BIRTH

County of Wheeler

Township of

or

Inc. Town of Wheeler

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 Boys B. J. Phelps

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Walter J. Phelps</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Wheeler SC</u>	
(10) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Wheeler Co SC</u>	
(13) OCCUPATION <u>Farmer</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Ida Mary Butler</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Wheeler SC</u>	
(16) COLOR OR RACE <u>White</u>	
(18) BIRTHPLACE <u>Wheeler Co SC</u>	
(19) OCCUPATION <u>Wife</u>	

(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Wheeler SC

Given name added from a supplemental report

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

(27) Filed 1/11 1923 (28) W. L. Rogers 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.