

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

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35286

Registration District No.

2927

Registered No.

71

(For use of Local Registrar)

(2) Full Name of Child

Weels

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Walter S. Weels

(9) PRESENT POSTOFFICE OF FATHER

Waterloo

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Laurens Co.

(13) OCCUPATION

Farmer

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

9

MOTHER

(14) NAME BEFORE MARRIAGE

Gussie Little

(15) PRESENT POSTOFFICE OF MOTHER

Waterloo

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Greenwood Co.

(19) OCCUPATION

Domestic

(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, on the date above stated.

At 2 P.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. V. C. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D.

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) 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.