

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
3635

County of Greene
Township of Shrewsbury
or
Inc. Town of
or
City of

Registration District No

Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child... Wilton Grane

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

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb 20 22</i> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lester James

(9) PRESENT POST OFFICE OF FATHER Decon 2c RI

(10) COLOR OR RACE black

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE A

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Wiener Denis*

(15) PRESENT POSTOFFICE OF MOTHER *Dallas SC TX*

(16) COLOR OR RACE *Caucas*

(17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *K*

(19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was..... at.....
on the date above stated. (Sign after the child's name) (Date after the child's name)

(20) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) **Witness**

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

(27) Filed

(1) Jordan

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 stillborns before the fifth month of pregnancy.