(1) PLACE OF BIRTH

County of Chester

Township of .....

or

Inc. Town of .....

or

City of Chester

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3590

Registration District No. 11A Registered No. 19
(For use of Local Registrar)

(No. Chester Sanatorium Ward)

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

(2) Full Name of Child Johnston Harrill Wylie | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Jan 7, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Samuel Erasmus Wylie	(14) NAME BEFORE MARRIAGE Johnnie Alma Harrill
(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Chester Co.	(18) BIRTHPLACE Forest City, N.C.
(13) OCCUPATION Insurance Agent	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma (Born alive or stillborn) at 11:40 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. M. Wylie

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Chester S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov. 6 1922 (28) [signature]
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.

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McCAW OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.