(1) PLACE OF BIRTH

County of Anderson

Township of Varennes

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
4948

Registration District No. 3708 Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Wesley Clyde Nordfeldt

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	Feb 8 (Name of Month) (Day) 1923 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Clifton G. Nordfeldt	(14) NAME BEFORE MARRIAGE	Margaret Bandy
(9) PRESENT POSTOFFICE OF FATHER	Iva, S. C.	(15) PRESENT POSTOFFICE OF MOTHER	Iva, S. C.
(10) COLOR OR RACE	White	(10) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	16
(12) BIRTHPLACE	Anderson Co	(18) BIRTHPLACE	Pickens Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucy Rogers M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Iva, 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 March 1, 1923 (28) E. H. Wyatt
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.

*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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in order of birth.

BUREAU OF COLUMBIA, COLUMBIA, S. C.