

(1) PLACE OF BIRTH

County of Greenwood
 Township of Cottrell
 or
 Inc. Town of ...
 or
 City of X

CERTIFICATE OF BIRTH

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

File No. 64631 For State Registrar Only

Registration District No. 2304 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child Wallace Nelson Whatley
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.; ... Ward
 is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>Is answered only in case of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>William Thomas Whatley</u>		(14) NAME BEFORE MARRIAGE <u>Lila Bess Nelson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hodges</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hodges</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenwood Co</u>		(18) BIRTHPLACE <u>Laurens Co</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O.H. Melton
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hodges S.P.

Given name added from a supplemental report
Nov 11, 1916
Crommelles
Deputy Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 2, 1916 (28) D.W. Ramsey
 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.

fifth month of pregnancy.

WHEN FILLED, 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.
 McCraw of Columbia