

(1) PLACE OF BIRTH

County of 7Township of 7Inc. Town of 7City of 7

(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's Use

17727

Registration District No. 32a Registered No. 288

(For use of Local Registrar)

City of 7 (No. 471 North Lock St.) (Ward)

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

(2) Full Name of Child Winnie Wells(1) BOY OR GIRL? Girl (4) Twin or Aplet? no (5) Number in order of birth 33 (6) Are Parents Married? yes (7) DATE OF BIRTH June 22 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles L. Wells(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Anderson, Co. S.C.(13) OCCUPATION wood worker(14) NAME BEFORE MARRIAGE Lena Palmer(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Anderson, Co. S.C.(19) OCCUPATION house wife(20) Number of children born to mother, including present birth 2(21) Number of children of mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 22 (28) C. Smith 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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