

FORM NO. 1. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

McCaw, of Columbia.

N. B.

(1) PLACE OF BIRTH
County of **LEXINGTON,**
Township of **LEXINGTON,**
or
Inc. Town of
or
City of
(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
78076

Registration District No. **31.09** Registered No. **55**
(For use of Local Registrar)

(2) Full Name of Child **Helen Elizabeth Wingard.** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH Aug. 7, 1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Elmer Eugene Wingard.	(14) NAME BEFORE MARRIAGE Norma Suele Gley		(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.	
(9) PRESENT POSTOFFICE OF FATHER Lexington S.C.	(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Lexington S.C.	(13) OCCUPATION Rural Mail Carrier		(18) BIRTHPLACE Lexington S.C.	
(20) Number of children born to mother, including present birth 2			(19) OCCUPATION Home	
(20) Number of children born to mother, including present birth 2			(21) Number of children of this 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 **Alive**, at **10 P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **J. P. Wingard, M.D.**
(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Lexington S.C.**

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled **Aug 15, 1916** (28) **D. H. Hallsinger** 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.

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.