

NAME, WITH UNFADING INK—THIS IS A PERMANENT RECORD, MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and
FIRST-BORN, No. 1, their OFFSPRING, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

(1) PLACE OF BIRTH
County of Dillon
Township of Wheat
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29951

Registration District No. 1603. Registered No. 135.....
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Winnie Perry If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>Sept 16 77</i>
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FATHER.		MOTHER.	
(8) FULL NAME	Charlie Herring	(14) NAME BEFORE MARRIAGE	Rebekah Allen
(9) PRESENT POSTOFFICE & OF FATHER	Dillon S.C. Pa.	(15) PRESENT POSTOFFICE OF MOTHER	Dillon S.C. Pa.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	35 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
(12) BIRTHPLACE	Dillon County	(18) BIRTHPLACE	Dillon County
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	Nine	(21) Number of children of this mother now living, including present birth	Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bryan David at 10:45
on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)

(23) (Signature) Walter H. H. H. H.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lakeview St.

Given name added from a supplement-
al report

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

(27) Filed 9-14 1973 (25) 1289 Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., shall make the report. 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.