

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85639

(1) PLACE OF BIRTH

County of Sharon
Township of Math

Inc. Town of Registration District No. 2045 Registered No. 99
(For use of Local Registrar)

City of Coward, S.C. (No. 2) 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 Wesley H. H. H. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boys</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2-1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Nov. 14</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wesley Lee

(9) PRESENT POSTOFFICE OF FATHER Coward

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 2-1 (Years)

(12) BIRTHPLACE Sharon

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Welch

(15) PRESENT POSTOFFICE OF MOTHER Coward

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Sharon

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Atlanta, Ga.

Given name added from a supplemental report

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

(27) Filed 11/16 1917 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must now be reported as a birth. No report is desired of stillbirths before the ninth month of pregnancy.

WHILE 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.