

(1) PLACE OF BIRTH

County of AikenTownship of LargeyInc. Town of LargeyCity of Bath St.

(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

111

Registration District No. 217A Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Delora Mae Welles If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin 1 as reported (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 30 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME O. E. Miller(9) PRESENT POSTOFFICE OF FATHER Bath SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Largey SC(13) OCCUPATION Cotton Mill(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Helie Bill Hammond(15) PRESENT POSTOFFICE OF MOTHER Bath SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Largey SC(19) OCCUPATION Cotton Mill(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 plac at 10 9 A.M.,
on the date above stated. (Boy, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. Johnson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Largey SC

Given name added from a supplemental report

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

(27) Filed Jan 31, 1923 (28) J. W. Spradley
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.