

## (1) PLACE OF BIRTH

County of Richland

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County of RichlandTownship of LowndesInc. Town of EastonCity of Easton

(If birth occurs in a hospital or other institution, give name of same, street and number.)

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINACERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINASovereign State of South Carolina  
State Building, ColumbiaRegistration District 3808

(No. ....)

(If birth occurs in a hospital or other institution, give name of same, street and number.)

## (2) Full Name of Child

(3) SEX OF CHILD

Male

(4) Type of Birth

To be reported only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Date of Birth

July 26, 1932

(7) Time of Birth

2:26 P.M.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

## FATHER.

(8) FULL NAME Isaac Wylie(9) PRESENT POSTOFFICE OF FATHER Easton, S.C.(10) COLOR OR RACE White(11) BIRTHPLACE Richland Co.(12) OCCUPATION Farmer

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

27

(28) 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.