

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Red Bluffor
Int. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 330

File No.—For State Registrar Only

31345Registered No. 175
(For use of Local Registrar)

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

(2) Full Name of Child Vera Wick

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8, 1933</u>
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FATHER		MOTHER	
(8) FULL NAME <u>William Boyd Wick</u>	(14) NAME BEFORE MARRIAGE <u>Lula Fiedt</u>	(9) PRESENT POSTOFFICE OF FATHER <u>McClellan SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McClellan SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>Ohio SC</u>	(18) BIRTHPLACE <u>Moore Co NC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.(23) (Signature) Douglas Hamer at 3:21 A.M.
(24) State whether Physician or Midwife (Born alive or stillborn) (Hour A. M. or P. M.)(25) Address of Physician or Midwife
Physician McClellan & C

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 12, 1933 (28) J. H. W. W. W.
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.