

MARGIN RESERVED FOR BINDING.
WRITE 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.

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA			Bureau of Vital Statistics		85748	
State Board of Health						
County of <u>Greenville</u>			Registration District No. <u>22</u>		Registered No. <u>492</u>	
Township of <u>"</u>					(For use of Local Registrar)	
or						
Inc. Town of <u>"</u>			Registration District No. <u>22</u>		Registered No. <u>492</u>	
or						
City of <u>"</u>			(No. <u>Park Ave</u> St.; <u>3rd</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)						
(2) Full Name of Child <u>Wyche</u>						If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 26, 1916</u>	(Name of Month) (Day) (Year)	
FATHER.			MOTHER.			
(8) FULL NAME <u>O. L. Wyche</u>			(14) NAME BEFORE MARRIAGE <u>Mary Wheeler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S. C.</u>			
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>W</u>			
(11) AGE AT LAST BIRTHDAY <u>26</u>			(17) AGE AT LAST BIRTHDAY <u>23</u>			
(12) BIRTHPLACE <u>Prosperity S. C.</u>			(18) BIRTHPLACE <u>Prosperity S. C.</u>			
(13) OCCUPATION <u>Lawyer</u>			(19) OCCUPATION <u>Y</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 <u>Born alive</u> at <u>10:20 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>[Signature]</u>						
(24) State whether Physician or Midwife <u>Physician</u>						(25) Address of Physician or Midwife
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 <u>1916</u> Registrar			(27) Filed <u>Dec 19 1916</u> (28) <u>Charonette Smith</u> 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.