

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use 4 SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**  
 County of Greenville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. Park Ave St.; 3rd Ward)  
 (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  
85748

Registration District No. 222 Registered No. 492  
 (For use of Local Registrar)

**(2) Full Name of Child** Wyche {If child is not yet named, make supplemental report as directed}

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(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)
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FATHER.		MOTHER.	
(8) FULL NAME <u>C. H. Wyche</u>	(14) NAME BEFORE MARRIAGE <u>Mary Wheeler</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. Car.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S. Car.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(16) COLOR OR RACE <u>W</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>?</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		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 10:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (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 23 is signed by mark)

(27) Filed Dec 19 1916 (28) Charon C. Smith 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.