

MARGIN RESERVED FOR BONDING. WRITE PLAINLY, WITH ENLARGING 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. McCay, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Summit</u>		STATE OF SOUTH CAROLINA.		83706	
Township of <u>Shelburne</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of .....		Registration District No. <u>409</u>		Registered No. <u>108</u>	
City of .....		(No. ....) (For use of Local Registrar)		(For use of Local Registrar)	
(If birth occurs in a hospital, or other institution, give name of same instead of street and number.)		St.; ..... Ward)			
(2) Full Name of Child <u>Albert L. Thayer Wiley</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</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>Oct. 23</u> 191 <u>6</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>William Wiley</u>			(14) NAME BEFORE MARRIAGE <u>Louisa Wiley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Nakell, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nakell, R. 1, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>Shelburne, S.C.</u>			(18) BIRTHPLACE <u>Nakell, S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. L. Wiley</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Nakell, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>W. L. Wiley</u>		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Oct 31</u> 191 <u>6</u> (28) <u>W. L. Wiley</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.