

(1) PLACE OF BIRTH

County of LynchburgTownship of East Rock

or

Inc. Town of

or

City of

(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

49577

Registration District No. Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child. Wesley James

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Valabander

(9) PRESENT POSTOFFICE OF FATHER

Camden

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

46 (Years)

(12) BIRTHPLACE

Place of his own

(13) OCCUPATION

Farmer

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Seller Kirkland

(15) PRESENT POSTOFFICE OF MOTHER

Camden SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

36 (Years)

(18) BIRTHPLACE

Place of his own

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Harold Kirkland

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Wesley SC 2971

Given name added from a supplemental report

(26) Witness

J. R. Kirkland

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

3/8 1916

(28)

J. H. Burfield

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.

McCauley of Columbia. N. H. — 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 2.