

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

or Inc. Town of .....

City of New Brookland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

21774

Registration District No. 32.05Registered No. ....  
(For use of Local Registrar)(No. 74 ..... St.; ..... Ward)

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

(2) Full Name of Child Anthony Wayne If child is not yet named, make supplemental report as directed(3) BOY OR GIRL B (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 22, 1923  
(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME Ashey Wheeler Ray (9) NAME BEFORE MARRIAGE Oldie Pounds(10) PRESENT POSTOFFICE OF FATHER New Brookland (11) PRESENT POSTOFFICE OF MOTHER New Brookland(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 24 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 26  
(Year) (Year)(16) BIRTHPLACE D C (17) BIRTHPLACE D C(18) OCCUPATION mill operator (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## 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. (Hour 9 M. or P. M.)(23) (Signature) R. J. Jamison (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 18, 1923 (28) R. J. Jamison 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.

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