

Fill in the space for EACH CHILD, and mark the sex of the child. If the child is a girl, mark the sex of the child. If the child is a boy, mark the sex of the child. If the child is a girl, mark the sex of the child. If the child is a boy, mark the sex of the child.

(1) PLACE OF BIRTH

County of Wheeler
Township of Wheeler
or
Inc. Town of Wheeler
or
City of Wheeler

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only
3670

Registration District No. 1606 Registered No. 14
(For use of Local Registrar)
(No. 14 St.; 14 Ward)

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

(2) Full Name of Child William Nelson Paine

(1) Sex of Child Boy (2) Type of Birth Normal (3) Number in order of birth 1 (4) Age of Mother 22 (5) Date of Birth 7/17/13
(If child is not yet named, make supplemental report as directed)

(6) Full Name of Father Ed Brown
(7) Present Postoffice of Father Wheeler
(8) Color or Race White (9) Age at Last Birthday 37 (Year)
(10) Birthplace Wheeler
(11) Occupation Farmer
(12) Number of children born to mother, including present birth 8

(13) Full Name of Mother Ellen Paine
(14) Present Postoffice of Mother Wheeler
(15) Color or Race White (16) Age at Last Birthday 38 (Year)
(17) Birthplace Wheeler
(18) Occupation Farmer
(19) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) William Nelson Paine (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Wheeler

(Given name added from a supplemental report)

(24) Witness Wheeler (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed 7/26/13 (26) W. F. Ryan 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.