

(1) PLACE OF BIRTH

County of GreenvilleTownship of Batesor
Inc. Town ofor
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

43098

Registration District No. 2214 Registered No. 49

(For use of Local Registrar)

St. Ward(2) Full Name of Child Wesley Scott Vest

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

(6) Are Parents Married? yes(7) DATE OF BIRTH December 3rd 5

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Henry VestR.F.D. #1(9) PRESENT POSTOFFICE OF FATHER Travellers Rest, S.C.(10) COLOR White
OR RACE(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Franklin Co. Ga.

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10.50 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John B. Hester(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report

Dec 23 1914
John B. Hester
Registrar

(26) Witness

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

(27) Filed Dec 9 1914(28) John B. Hester
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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for EACH CHILD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for EACH CHILD.