

(1) PLACE OF BIRTH

County of Greenville

Township of Bates

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

43098

Registration District No. 2214 Registered No. 49

(For use of Local Registrar)

(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 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Henry Vest  
R.F.D.#1

(9) PRESENT POSTOFFICE OF FATHER Travellers Rest, S.C.

(10) COLOR OR RACE White (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

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Georgiana Campbell

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 4  
(Years)

(18) BIRTHPLACE Fulton Co. Ga.

(19) OCCUPATION At Home

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10.50 AM. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(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 1915  
John B. Hester  
Registrar

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

(27) Filed Dec 9 1915 (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.

Registrar

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WRITE IN CASE OF TWINS OR TRIPLETS WAS A SEPARATE SUPPLEMENTAL REPORT MADE FOR EACH CHILD. No. 1. THE OTHER. No. 2. etc. In question 8.