

Form No. 1

(1) PLACE OF BIRTH

County of GreeneTownship of Russell

Inc. Town of

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

Registration District No. 1106Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child

Mary Wherry

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

(3) SEX OR
CHILDGirl(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Age
at birth(7) DATE OF
BIRTHFeb 24, 1928

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWalter Wherry(9) PRESENT
RESIDENCE
OF FATHERRuss Turnout(10) COLOR
OF FATHERBlack(11) AGE AT LAST
BIRTHDAY40

(Years)

(12) BIRTHPLACE

Russ Turnout S.C.

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGEMable Perry(15) PRESENT
RESIDENCE
OF MOTHERRuss Turnout(16) COLOR
OF MOTHERBlack(17) AGE AT LAST
BIRTHDAY36

(Years)

(18) BIRTHPLACE

Russ Turnout

(19) OCCUPATION

Housekeeper(20) Number of children of this mother
now living, including present birthSix

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive, at 6 o'clock
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Ellen Bratton

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

Levens to SCGiven name added from a supplement-
tal report

(26) Witness

(signature of Witness necessary only
when question 22 is signed by mother)

(27) Filed

3-5

19

23

(28)

J. H. Wallis

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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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 1.

Bureau of Vital Statistics, Columbia, S. C.