

(1) PLACE OF BIRTH

County of RedwoodTownship of Saludaor
Inc. Town ofor
City of

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

(2) Full Name of Child Ray. Wessinger

File No.—For State Registrar Only

31190Registration District No. 3111Registered No. 30

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 6, 1922
(Name of Month) (Day) (Year)(8) FULL NAME Peah Lester Wessinger(9) PRESENT POSTOFFICE OF FATHER Little Mountain(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 3(14) NAME BEFORE MARRIAGE Ethel Pridler(15) PRESENT POSTOFFICE OF MOTHER Little Mountain(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 6:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. S. Pridler(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report

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

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(27) Filed Sept 15, 1922 (28) H. S. Pridler Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.