

Form No. 1

(1) PLACE OF BIRTH

County of Lee Co
 Township of St Charles
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
14877

Registration District No. 2007Registered No. 18
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) BOY OR GIRL Boy (2) Twin or Triplet (3) Number in order of birth (4) Are Parents Married yes (5) DATE OF BIRTH Feb 28, 20
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Tom Wheeler
 (7) PRESENT POSTOFFICE OF FATHER St Charles SC
 (8) COLOR OR RACE colored (9) AGE AT LAST BIRTHDAY 34
 (10) BIRTHPLACE SC
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 3

MOTHER.

(13) NAME BEFORE MARRIAGE Pink Wheeler
 (14) PRESENT POSTOFFICE OF MOTHER
 (15) COLOR OR RACE C (16) AGE AT LAST BIRTHDAY 21
 (17) BIRTHPLACE SC
 (18) OCCUPATION Farmer
 (19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(21) (Signature) Pink Watson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife St Charles

(Given name added from a supplemental report)

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

(25) Filed June 20, 20 (26) Carl S. Gentry 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.