

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Cherokee

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3601

Township of Bates Camp

Inc. Town of \_\_\_\_\_

City of \_\_\_\_\_

Registration District No. 1105 Registered No. 7

(For use of Local Registrar)

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

(2) Full Name of Child Wylie Wooten If child is not yet named, make supplemental report as directed(3) SEX OR GIRL? girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Age Parvity Married? yes (7) DATE OF BIRTH Jan 28, 1927 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Robert Wooten(9) PRESENT POSTOFFICE OF FATHER Leeds #1, S.C.(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Cherokee Co.(13) OCCUPATION Preacher & farmer(14) Number of children born to mother, including present birth 9

## MOTHER

(14) NAME BEFORE MARRIAGE Martha Wooten(15) PRESENT POSTOFFICE OF MOTHER Leeds #1, S.C.(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Cherokee Co.(19) OCCUPATION farmer hand(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at (born alive or stillborn) (Hour A.M. or P.M.) 2 P.M. on the date above stated.(22) State whether Physician or Midwife (23) Address of Physician or Midwife Leeds #1, S.C.

Given name of mother from supplemental report

(24) Witness

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

(25) Filed Feb. 20, 1927 (26) J. A. Cornwell Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child-bearer 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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